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SOLITARY CYST OF THE SPLEEN

Report of a Case

F. T. ANDREWS, M.D., Kalamazoo, Michigan
and
R. S. HARTER, M.D., Schoolcraft, Michigan

In discussing pathologic changes in the spleen, the writer is impressed by our meager knowledge of the physiological functions of this organ as well as the diseases which are primarily of the spleen. The reporting of a single case is justified only by its rarity for an intensive study of the literature brings to light less than one hundred cases of solitary cyst of the spleen. It may be of interest that a case was reported by Dr. Harold K. Shawan of Detroit, which together with this report constitutes two from the State of Michigan. Two cases have been reported in Kentucky. The remainder are scattered over the entire world.

According to Aristotle, the spleen in Grecian runners was removed for prolapse in order that their speed might be increased. This was done by incision through the left groin. Andral, in 1829, in an autopsy found the first reported case of cyst of the spleen; nearly fifty years lapsed before Pean, in 1867, removed the first cystic tumor of the spleen.

The classification of large non-parasitic splenic cysts (Boyd) is as follows: hydatid, dermoid, simple, hemorrhagic and serous. This classification is by structure and pathology and not according to cause.

Embryologically, the parenchyma of the spleen is entirely mesodermal in origin (Muller) and the capsule and trabeculæ are mesothelial in origin, as are the sexual glands. This may give rise to the ancient idea that the splenectomized woman is unable to become pregnant which has been disproved in two cases, one patient who was delivered of a living child and at the time of writing was eight months pregnant for the second child. The other case was delivered of a living and healthy child. The fact that the spleen becomes engorged during menstruation may account for the above mentioned fallacy.

The causes of splenic cysts are many and varied. Traumatism by direct violence seems the most probable. Lymphatic disturbance is another. Because in its journey through the lobules of the spleen, the splenic artery accumulates considerable lymphoid tissue within its adventitia, whereby it causes lymphatic disturbance and the spleen undergoes polycystic degeneration, we may therefore have a socalled wandering spleen with torsion of the pedicle, infarction, or thrombosis of the small vessels, resulting in hematic cysts; or, there may be a placement of embryonic tissue which, lodging in the spleen, may become cystic and thus form a true dermoid cyst.

The occurrence of this type of tumor is most frequent in women to about sixty-five per cent. In forty-seven cases occurring in females, the ages ran between

twenty and forty years, and ten occurred associated with pregnancy.

Diagnosis of this condition is usually confirmed by Roentgen ray, following the finding of the mass in the abdomen. The symptoms are most misleading. They may simulate those of pathological changes in every portion of the body by reason of mechanical pressure upon some organ connected with the abdominal cavity. The most prominent symptom is that of painful weight in the abdomen.

Respiratory changes from the upward growth produce pressure upon the diaphragm and cause pleuritic rubs, crepitation and often effusion, which might easily be mistaken for pleurisy with effusion. The stomach and pancreas may be involved to the extent of producing symptoms suggestive of carcinoma and ulcer of these organs. The kidney and bladder disturbances enter the picture with frequent micturition, nephritic changes and attacks of pain, which might be erroneously diagnosed as urinary calculus or Dietle's crisis. Pelvic organ manifestations are numerous. Circulatory upsets may be manifest in heart displacements, edema of the lower extremities and abdominal effusion caused by pressure on the inferior vena cava or left iliac vein, cirrhosis of the left lobe of the liver.

The treatment is obviously surgical, though medicine has been used. Large doses of iodine have been given, puncture by trocar and the aspiration of fluid, and injection of the capsule with three per cent phenol with caustic soda to remove the eschar of its envelope. Electro-puncture has also been employed. Cysts have been opened and the contents drained and the borders of the cysts sutured to the laparotomy wound. Some surgeons advise the removal of the cystic spleen through the posterior route, but recent text books favor the anterior incision.

The blood supply to the spleen is from the splenic artery, a branch of the celiac artery. This artery is remarkable not only for its large size in proportion to the amount of tissue which it supplies, but for the thickness of its walls. Thus the surgeon in splenectomy should be exceedingly careful to avoid premature opening or division of the large vessels contained in the gastro-splenic ligament and the spleno-renal ligament, because of the distortion of the relationship of these vessels in the cystic growth, flooding of the operative field with blood may occur. Once these vessels are lost, it is exceedingly difficult to pick them up, particularly the splenic vein.

The formation of adhesions to various other organs, namely, the stomach, pancreas, colon, and kidneys, should be borne in mind and separation and ligation should be attended to early and carefully.

The authors wish to stress a part of the operation which has its attendant danger in the recovery of the patient. It is not particularly difficult to visualize a great gaping void, which has been created by the removal of this large mass, into which drop the displaced organs, the stomach and colon. The patient displays symptoms of obstruction and acute dilatation of the stomach with its attendant danger. This happened in our case and was cause for alarm for about two days.

Report of Case

Miss B., aged thirty-nine years, a laboratory worker, consulted us for abdominal pains, weakness, nervousness and loss of weight. She complained of soreness in the stomach and bowels which was worse when she lay down than when up and about. She had lost eight pounds in the last two weeks. She reported a "bad spell" last fall that lasted about six weeks. Her present trouble began three weeks before coming to our office. The abdominal pains, which came on suddenly and left suddenly, were sharp and cramp-like in character. Her bowels were regular. She had more or less nausea but did not vomit. Apparently the pain was not related to eating. Both arms and her right leg were numb a good deal of the time. She complained a good deal of gas in the stomach and bowels. The pain was not related to movements of gas. Breathing seemed to be painful. The patient did not sleep well and had not slept well for two years. She was hard of hearing which had been coming on for six years or more. Her deafness was worse during her nervous spells. Apart from mumps and measles, she had been well until her present illness.

About three years before seen by us, she was struck in the abdomen by the wheel of a car, which was stopped suddenly. She did not attach any importance to this injury at the time as it did not disable her.

The clinical laboratory examination revealed the following: hemoglobin—75 per cent, red cells—4,160,000, white cells—6,000, lymphocytes—40, neutrophiles—60; Schilling—0-0-20-40. The Kahn test was negative and urinary examination revealed normal urine.

The x-ray report is as follows:

"Chest: Stereoscopic films were made of the chest in the postero-anterior direction with the patient erect. On these films one sees rather indefinitely a circular, linear shadow just below the left diaphragm. The diaphragm moved normally and there is no special elevation of the diaphragm. The heart and lung fields appear quite normal.

"Abdomen: A single film made of the abdomen shows the circular, linear shadow in the upper left abdomen. No other abnormality is seen.

"On this film the outline of the left kidney can be seen, apparently quite separate from the shadow seen above.

"Detail studies were then made of the peculiar shadow seen in the upper left abdomen. A single film was made with the patient supine. One sees a round shadow of apparently a cystic mass below the left diaphragm. There is considerable calcification scattered throughout the walls of the cyst. With the patient in expiration, the left diaphragm is very slightly higher than the right.

"The patient was then fluoroscoped carefully. The cystic mass could be seen. The diaphragm moved normally.

"The patient was then given barium by mouth and observed under the fluoroscope. It was seen at once that the mass in the upper left abdomen occupies almost all the space from the lateral chest wall to the spine. The upper end of the esophagus is displaced somewhat toward the right. The fundus of the stomach is displaced downward and forward, the cystic mass being posterior. Films were then made in the prone, supine and upright positions, showing the mass in the upper left abdomen. This mass is almost circular, about 18 cm. in diameter. The kidney appears to be displaced downward. One can almost identify the spleen lying below the mass.

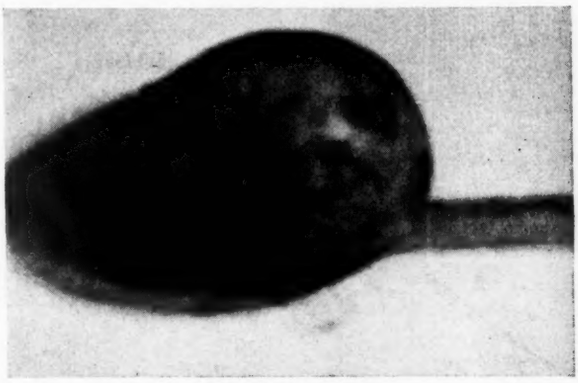
The physical examination revealed a patient, underweight and the asthenic type. The average weight for the last five years was 112 pounds. Her present weight is 101 pounds. The blood pressure is systolic 110, diastolic 70. Apparently there is some thickening of the ear drums. The physical examination was otherwise negative, excepting the enlarged mass which may be palpated in the upper left abdominal quadrant. The mass was smooth and movable, yet it was difficult to determine its attachment.

The patient was operated upon under ether anesthesia. The abdomen was opened with a left rectus incision from the intercostal angle of the ribs with an incision about 12 cm. in length. Upon opening the abdominal cavity, the shiny, glistening mass was observed. Numerous small adhesions to the various organs were noted and freed, and the cyst was delivered. The pedicle of the spleen with gastro-splenic ligament and renal splenic ligament were clamped and divided with double ligatures around stumps of both ligaments, and tumor amputated. The abdominal wall closed without drainage.

The patient recovered from anesthesia and operation in excellent condition. She ran a temperature of 101 degrees on the second day which subsided to normal on the sixth. On the fifth post-operative day, she developed alarming symptoms of abdominal distention, convulsive movement of the upper portion of the body, and extremities; she was irrational at times, and looked very ill. After consultation, an x-ray examination revealed a marked dilation of the stomach with gas. A loop of bowel was seen on the right side of the abdomen bending to cross the mid-line of the fourth lumbar vertebra. The bowel loop was likely the colon, but the examiner could not be sure of this.

An x-ray examination of the abdomen, a day later, showed much less gas in the stomach. An other x-ray examination of the abdomen made after the patient had been given a small amount of barium per rectum, showed the colon normally outlined. The position of the transverse colon corresponded fairly well to the position of the gas distended loop of bowel described. In this film, there was no evidence of gas distended bowel.

The following after treatment was instituted: A Levine tube was inserted into the stomach and gastric lavage completed with instillation of magnesium sulphate, saturated solution 30 c.c., and hot stupes were applied to the abdomen; intravenous five per cent glucose 2,000 c.c. in saline was given.



Solitary cyst of the spleen.

Nine days after the operation, the patient was much improved. The bowel movements had become normal and vomiting had ceased after the second gastric lavage. There were no irrational or convulsive movements. The patient went on to normal convalescence and was discharged from the hospital on the sixteenth day with the operation wound completely healed and in excellent condition. She was seen from time to time when she had minor complaints of vague pains, first on the left side and then over the lower area on the right side. On December 1, 1938, she felt that she had fully recovered; she had no pain or abdominal distress and felt better than she had in ten years.

The pathology report by Dr. H. R. Prentice was as follows: "Gross examination: Ovoid specimen about 15x13x10.5 cm. consisting of a yellowish, smooth cyst, partly encapsulated by a rim of splenic tissue along one side, about 9 cm. long, 2.5 cm. across and 1.5 cm. thick. Weight of whole specimen about 2.5 lbs. The broad pedicle of splenic tissue described has been cut across.

"There is a plaque of calcium on the free side, about 13x7 cm. and other calcified plaques scattered through the wall. The lining is yellowish white with mushy brownish-yellow material adhering to it and there are a few calcified plaques extending into the lumen. The contents are caramel colored turbid fluid full of glistening flecks of cholesterol.

"There is a separate specimen from the tip of the spleen about 5x3x1.5 cm.

"Microscopic diagnosis: The splenic tissue is normal. No epithelium is to be found in the cyst lining. The wall merges with the fibrous capsule of the spleen. This origin can be clearly seen in some areas where the hypertrophic peri-vascular trabeculæ join in the capsule. There is extensive atheromatous change throughout the wall and diffuse calcification of the lining."

Bibliography

1. Benton, Roy W.: Large Cyst of Spleen.
2. Cuff, Cyril C. H.; and Gosden Minnie: A case of non-parasitic cyst of spleen. Translation of the Royal Society of Tropical Medicine and Hygiene, (Nov.) 1933.
3. Cruickshank, M. M.: Cyst of the spleen. Indian Medical Gazette, (Nov.) 1935.

4. Lewis, Dean: Practice of Surgery.
5. Novak, Emil: Surg. Gynec. and Obstet.; 45, 586, 389 (Nov. 27).
6. Shawan, Harold K.: Epidermoid cyst of spleen. Arch. Surg., 27; 63, 74, (July) 1933.
7. Starr, Frederick N. G.: Intracapsular rupture blood cyst of spleen. Ann. Surg., (Nov.) 1933.
8. Sanders, A. W.: British Jour. Surg., (July) 1928.
9. Tilton, Benjamin T.: Non-parasitic cyst of spleen. Amer. Jour. Surg., (May) 1933.
10. Wallace, Frank L.: Unilocular cysts of spleen. Ann. Surg., 360, (March 27).
11. Wladyslaw, Dobrzanieske: Multiple cyst of spleen produced by infarct. Ann. Surg., (July) 1930.

GLOMUS TUMOR*

A Report of Four Cases

MAURICE P. MEYERS, M.D.
DETROIT, MICHIGAN

The finding of four patients with glomus tumor during the past year calls attention to this frequent but little known neuro-vascular neoplasm of the extremity. This small tumor is a definite pathological entity and exhibits distinctive clinical findings characterized mainly by severe pain and tenderness. Operation results almost uniformly in cure.

Symptomatology

Pain is the most constant feature of a glomus tumor. It occurs in the small area at the site of the tumor, usually in the finger. This pain is described as exquisite, agonizing, burning, piercing or bursting. It usually grows progressively worse. It comes in paroxysms of several minutes to several hours. It may be only local, but usually also radiates for long distances up the arm, to the neck and even the thorax. Paroxysms are initiated by change in weather, exposure to cold or by pressure. The local tumor area, on touch, may act like a "trigger" zone in tic douleureux. Patients often go to extremes to protect themselves from the pressure of clothes or contact with cold. However, one of our patients complained of aggravation of pain on exposure to heat.

The tumor is only found in the extremity, and most commonly in the finger. It may be neither visible nor palpable, as was true of two of our cases. Then there will be a tiny point of exquisite tenderness which can be located by careful mapping with the point of a pencil. When a tumor is visible it appears as a bluish, purplish or reddish discoloration of the skin. It usually attains a size of 3-5 mm. in diameter but sometimes may grow as large as 3 cm. in diameter. It may elevate the skin slightly. The location of the tumor is most frequently beneath the nail. Then the discoloration may be seen through it. The tumor may hollow out a cavity in the phalanx underneath, or thin the overlying nail. Some patients have obtained temporary relief by shaving the nail away from the growth, or by drilling a hole in the nail as occurred in one of our cases.

Stout has observed that a relatively high proportion of these tumors develop in Jews, a people known to be prone to disturbances in the sympathetic nervous system in the extremities. All our four patients were Jewish. The tumor may occur at the site of previous trauma. Of sixty-one cases reviewed by Stout forty-five were in the upper extremity and sixteen were in the lower. Of these, twenty-seven were sub-ungual, but only one under the toe-nail, the remaining twenty-six under the finger nail. Three of our cases occurred in the fingers, the fourth on the thigh. The age of onset has ranged from childhood to old age. Cases with multiple tumors have been recorded by Adair and others. In all, about 100 cases have been reported to date.

Case Reports

Case 1.—Mrs. E. P., a Jewish housewife, aged fifty-four, was seen March 2, 1937 by Dr. H. C. Saltzstein with the complaint of a painful tumor of the posterior surface of the right lower thigh of three years' duration. It had been removed two years ago but recurred six months later as a reddened nodule. One year ago, another physician injected the area on three or four occasions with a (sclerosing?) solution. Since then, an aching pain has been present at the site of the tumor which is very sensitive to touch even by her clothes and bed sheets.

Examination of the posterior surface of the right lower thigh revealed an oval scar, one by one and one-half inches, with an irregular surface and a central raised nodule, one-quarter inch in diameter. This nodule was exquisitely tender even to very light touch. It showed no external color change from that of the normal skin. In view of the exquisite tenderness a clinical diagnosis of glomus tumor was made.

Operation was performed under local anesthesia,

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the area of scar being entirely excised. Even in preparing the skin for operation, the patient complained bitterly of the pain brought on by the light rubbing. The specimen on cross section through the middle of the raised nodule showed it to be a tumor

Fig. 1. Case 1. Glomus tumor just under epidermis of thigh. Shows encapsulation (magnification, 10).

of rose red color with the appearance of great vascularity.

Microscopic* examination showed an encapsulated glomus tumor under the epidermis consisting of a mass of typical large glomus cells in which were many vascular channels (Fig. 1).

The pain was immediately relieved and a check-up one year later showed no recurrence of the tumor with complete relief of symptoms.

Case 2.—Miss F. D., a Jewish stenographer, aged thirty-seven, was referred by Dr. L. Segar on October 18, 1937, with the complaint that for five years she suffered severe pain in the cuticle of the right middle finger which travelled up the hand and even to the elbow or shoulder if struck. The pain was brought on by change in weather, immersion in cold water, exposure to cold air, pressure on the finger or by being struck. Relief was obtained by warming the hand. The patient had been comfortable only in the summer for several weeks at a time. She had never suffered an injury to the finger and had never noticed any color change. An x-ray of the finger was taken two years ago by another physician who reported it to be normal.

Examination of the right middle finger showed no external change. However, there was an exquisitely tender spot in the mid-line of the eponychium about 3 mm. in diameter. Pressure on the nail was not painful. The temperature and color of this finger as well as the rest of the fingers was normal. The radial pulses were normally palpable. A review of the x-ray films showed a little cupping of the dorsal surface of the distal phalanx of the right middle finger as compared with the left side (Fig. 2). A clinical diagnosis of glomus tumor was made in view of the history and findings.

Operation was carried out under local anesthesia by circular injection surrounding the base of the right middle finger with a rubber band constrictor to control bleeding while exploring for the tumor. Two longitudinal lateral incisions were made up from the nail edges so the eponychial flap could be lifted up

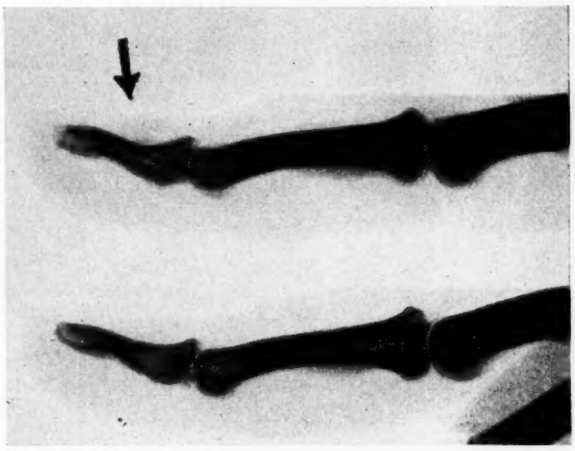

Fig. 2. Case 2. Roentgenograms. Comparison of terminal phalanx of involved right middle finger (above) with corresponding one of the other hand. Arrow points to the cupping of the dorsal aspect of the phalanx due to pressure from glomus tumor under the root of nail.

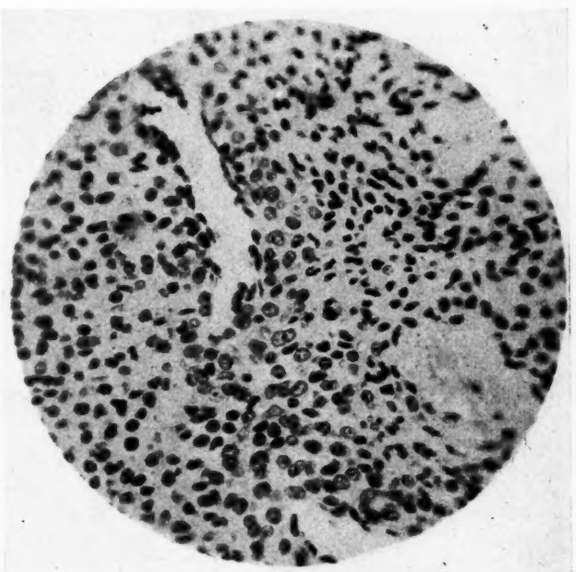

Fig. 3. Case 2. Glomus tumor with endothelial-lined blood vessel surrounded by characteristic glomus cells. Area of myxomatous degeneration in right lower portion of field (magnification, 900).

from the base of the nail. As nothing abnormal was seen, the proximal half of the nail was excised revealing a pure white nail matrix (blood supply constricted by rubber band). Incision through the mid-line of the matrix allowed a soft white tumor, three millimeters in diameter, to "pop up" into the wound as if it had been held under tension between the matrix and the phalanx. The tumor was carefully excised exposing the bony phalanx upon which it rested. The eponychial flap was then resutured in place over the cavity left by the excised tumor.

Microscopic examination revealed an encapsulated

*The pathologic diagnoses of all cases were made by Dr. P. F. Morse, Pathologist, Harper Hospital, Detroit.

mass of glomus cells with few vascular channels. Myxomatous changes were present in several areas. The diagnosis of glomus hemangioma with myxomatous changes was made (Fig. 3).

There was complete relief of pain immediately

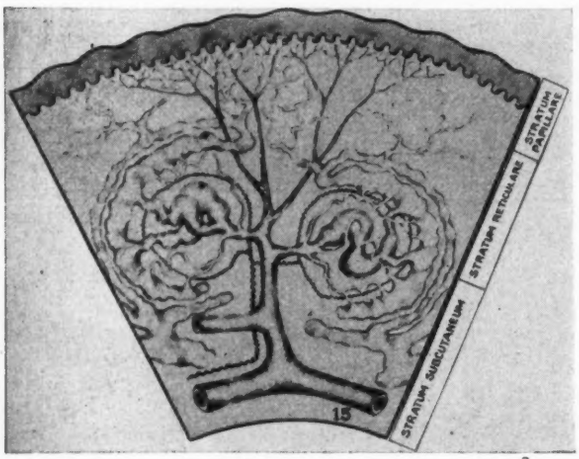

Fig. 4. Popoff's Conception of the Digital Glomus: "Diagrammatic presentation of vascular arrangement and the glomus, as found in the ventral surface of the digit. It shows: (1) all the zones of the skin, including that occupied by the glomic apparatus; (2) the afferent artery of the glomus; (3) the coiled type of Sucquet-Hoyer canal, characterized by a thick wall; (4) the efferent part of the Sucquet-Hoyer canal, entering the primary collecting vein, with the latter appearing as a long wide ruffle encircling the glomus; (5) the relation of the primary collecting vein to other veins; (6) the system of preglomic arterioles supplying all the constituents of the glomus and emptying into the primary collecting vein, and (7) division of the periarterial nerve trunks, with branches going to the glomus. This diagram serves to explain arteriovenous and trophic disturbances caused by functional disability and organic destruction of either glomus or one of its constituents." (Copied from Popoff.)

and the patient went back to her office to work the next day. She was able to use a pencil against this finger one week later. A check-up after six months found the patient to have enjoyed continual relief from pain even during the cold months of winter since operation.

Case 3.—Miss M. A., a Jewish stenographer, aged twenty-seven, was seen December 3, 1937, with the complaint of pain in the right fourth finger of ten years' duration. She had been unable to typewrite for the past three years on account of a very small sensitive spot on the palmar surface of the finger end. Writing with a pencil was impossible last summer. The pain had been constant in the summer; intermittent in the winter. It varied in character, at times being sharp and at others a dull ache. Relief from pain was obtained by allowing cold water to run over the finger or by squeezing the finger proximal to the sensitive spot ("stopping the circulation," she said). Pain was brought on or made worse by striking the sensitive spot with anything, such as a bar of soap or a wash cloth. This gave a "terrible shock." The pain radiated up the forearm when severe, and spread to the other fingers as well. It was not influenced by impending change of weather, but was believed to be worse during her menstrual periods in the summer. The patient blushed easily and stated that she perspired freely in the summer.

Examination revealed a stout, fair-haired, young adult woman whose skin was fine in texture, moist and warm. Perspiration of the hands started immediately after the patient held them up for inspection. Special attention was then given to the right fourth finger. There was no swelling, no tumor palpable, and no color change. There was, however, an exquisitely tender small area three millimeters diameter, just mesial and proximal to the central whorl of the palmar skin of the finger end. A clinical diagnosis of glomus tumor was made.

Operation was carried out under local anesthesia by circular injection surrounding the middle phalanx of the right fourth finger with a rubber band constrictor around the base of the finger. A longitudinal incision, one cm. in length, into the anteromedial aspect of the palmar surface of the finger end was made with its center over the tender area. A small tumor was found deeply in the fatty tissue on the palmar aspect of the distal phalanx. It was reddish-purple in color, encapsulated, kidney-shaped and measured 5 x 3 x 2 mm. It was excised and the wound closed.

Microscopic examination of the tumor showed an encapsulated mass of glomus cells with fibrous septa extending in from the periphery. Vascular channels were present. In addition, nerve sheath cells of the typical wavy type and collagen fibres were also demonstrated. The diagnosis of glomus hemangioma was made.

The patient has had relief of pain during the five months since the removal of the tumor with no evidence of recurrence.

Case 4.—Mr. W. A., a Jewish attorney, aged thirty-five, was first seen in December, 1936 with the complaint of pain and discoloration in small area under the nail of the right fourth finger of ten years' duration. The pain had become progressively worse since the onset. It radiated up to the knuckle usually and was excruciating in cold weather. It has been brought on by use of cold water to wash the hands, by impending change of weather to rain, snow or dampness when it has radiated up the arm and rarely even to the shoulder, by striking the nail accidentally which almost "knocks him out" and by buffing the nail in manicure. The discoloration has increased from pin-head size when first noted to three times that size. There were no vasomotor phenomena such as blanching, reddening or sweating. Four years ago he prevailed upon a dentist to drill a hole in the nail over the discoloration. They came upon a "sac" but did not remove it. No relief was obtained with this procedure.

On examining the right fourth finger a purplish discoloration, 2 x 5 mm., under the nail was seen and found to be exquisitely tender to pressure. A clinical diagnosis of glomus tumor was made.

Case 4 was the most typical case of the group clinically, and the patient was advised to have this lesion removed. However, he has not yet submitted himself for operation.

The Normal Digital Glomus

Masson, in studying two small tumors removed by his colleague, Barré, discovered the digital glomus in the peripheral vascular system. This structure, a coiled tuft of blood vessels occurring normally in great numbers in the extremities, is an arteriovenous anastomosis. Popoff, in 1934, demonstrated degenerative changes in the digital glomus in both diabetic and senile ar-

terio-sclerosis. He elaborated (Fig. 4) upon Masson's description of the digital glomus, describing it as consisting of (1) an afferent artery with cushion-like endotheliomuscular elevations directing the flow of blood through it; (2) a Sucquet-Hoyer canal, or arterio-venous anastomosis proper, which is coiled and has a thick wall lined by two or three rows of large endothelioid cells, surrounded by smooth muscle cells amidst which are the large epithelioid (glomus) cells of Masson; (3) the efferent part of the Sucquet-Hoyer canal enters the primary collecting vein which appears as a long, wide ruffle encircling the glomus; (4) a system of pre-glomic arterioles supplying all the constituents of the glomus and emptying into the primary collecting veins; (5) a division of the periarterial nerve trunks with branches going to the glomus; (6) a neuro-reticular zone of collagenous fibres and non-myelinated nerve fibrils around the canal (the so-called clear zone or expansion zone); and (7) the outter layer of lamellated collagenous tissue which appears as a long wide ruffle encircling structures of the cutis.

The digital glomi lie in the deep layers of the skin and their afferent arteries come off parallel to the surface from the skin vessels. The diameter of the digital glomus varies from 60 to 220 microns, the smaller ones being found in the nail beds. They are most numerous here. They occur mostly on the ventral surfaces of the hands and feet and in the nail beds, but probably also to a less extent throughout all the extremities. They vary in number from about 100 to 600 per square centimeter of surface.

The digital glomus is under the control of the vasomotor nerves. It serves to rapidly divert the flow of blood from the artery directly into the veins. Its most important function is the regulation of body temperature (Sir Thomas Lewis). This it does by opening or closing to increase or decrease dispersion of heat. It also serves to maintain or raise the temperature of the digits when exposed to cold—by diverting blood through the anastomotic vessels which have a highly developed surface area. The glomus also functions to relieve peripheral arterial pressure by diverting blood through anastomotic by-passages.

From the foregoing it will be seen that the behaviour of the digital glomus in health and disease may well be a key to progress in the study of peripheral vascular disease and hypertension.

Pathology of Glomus Tumors

Usually no larger than a grain of rice, this is a minute benign tumor with major symptoms. Stout, in 1935, gave a detailed historical review of our knowledge of glomus tumors. The various names formerly given to it include: "painful subcutaneous tubercle (Wood, 1812)," "painful subcutaneous fibroma (Tellaux)," "painful subcutaneous angioma (Monod)," "sub-ungual perithelioma (Muller)," "colloid sarcoma (Heller)" and "angiosarcoma (Kolaczek)." The tumor was first accurately described as "tumor of the neuromyo-arterial glomus" or "glomic tumor" by Masson as recently as 1924. He showed that glomic tumors originate from the digital glomus and faithfully reproduce its structure.

Stout's description may be summarized as follows: the glomus tumor on cross section is seen to consist of a small tangled mass of blood-vessels enclosed within a capsule. Microscopically, the vessels are endothelial-lined and supported by a fine fibrous network. The rest of the wall is made up of peculiar cuboid or rounded "glomus" cells (usually referred to as epithelioid cells of Masson) and smooth muscle well differentiated or in an embryonal form in which the smooth muscle fibers are found within the cytoplasm of the epithelioid cells. The glomus cells are quite distinctive, having well defined cell outlines, accentuated by delicate collagen fibers which separate every cell from its neighbor. The cytoplasm is pale, sometimes vacuolated, which brings into sharp relief the nucleus, which is voluminous, centrally placed, globular or ovoid. Myelinated nerves are generally found in bundles in or near the capsule (can be seen in ordinary stains). Also present are numerous slender non-myelinated nerve fibers beneath the capsule and the epithelioid cells.

Differential Diagnosis

Other tumors which may be confused on account of their size or location are: neurofibromata, which are usually multiple and have no discoloration; sub-ungual fibromata, which are not so painful and have no discoloration; and melanoblastomata, which

are usually of short duration, are not painful or tender unless ulcerated, and which early usually show metastatic lesions. The other tumors (Pacinian body tumor, exostosis, papilloma, enchondroma, angio-keratoma, nevi, cysts) can be ruled out either by their lack of color or absence of exquisite pain and tenderness. None of these are as exquisitely painful as glomus tumors.

Treatment

Surgical removal or destruction of the tumor have been the successful forms of treatment carried out. However, if search is not careful, the tumor may be missed. The tumor is benign, but two cases are reported in which the tumor recurred. The nail has regenerated normally when it was removed.

Comments

The origin of the glomus tumors in the normal digital glomus is discussed. A brief pathological and clinical description is given. Four new cases are reported, demonstrating further their frequency of occurrence in the fingers and in Jewish women. The one man not yet operated upon presents the classical symptoms and clinical findings. The exquisite pain and localized tenderness can lead one to make a diagnosis without actually palpating a tumor or seeing a discoloration. When the characteristic discoloration and tenderness under the nail is seen, the lesion should be quickly recognized and removed. Of the four cases reported, two were neither palpable nor visible on physical examination and in both cases the characteristic symptoms were apparently unrecognized during their five and ten years' duration. Of the four cases, three occured in females and one in a male. Of the four tumors, three were in the fingers and one in the thigh. In two cases the tumor was sub-ungual, one male and one female. All the patients are members of the Jewish race and adults. The age at onset ranged from seventeen to fifty years. The duration of symptoms was at least three years, and even as long as ten years in two of the cases reported.

Glomus tumors are not always visible or palpable, as they are often very small and may be situated in the subcutaneous tissue. Operation on these patients is indicated, and their location can be determined by accurate search for the small point of exquisite tenderness which signifies their presence.

Summary

Four cases of glomus tumor are reported. The distressing, disabling nature of this small and recently better known tumor makes it of extreme importance in early recognition and surgical removal which, almost uniformly, gives complete relief of symptoms.

Since presenting this paper for publication the author has removed a glomus tumor from under the finger nail of an additional patient.

Bibliography

Adair, F. E.: Am. Jour. Surg., 25:1, 1934.
Bergstrand, H.: Am. Jour. Cancer, 29:470, (March) 1937.
Cole, H. N., and Sroub, W. E.: Jour. A.M.A., 107:428, (August 8) 1936.
Jirka, F. J., and Scuderi, C. S.: Jour. A.M.A., 107:201, (July 18) 1936.
Kolodny, A.: Ann. Surg., 107:128-131, (Jan.) 1938.
Lewis, Dean, and Geschichter, C. F.: Jour. A.M.A., 105: 775, (September 7) 1935.
Love, J. G.: Proc. Staff Meet. Mayo Clinic, 10:593, 1935.
Mason, M., and Weil, A.: Surg., Gynec. and Obstet., 58: 807, (May) 1934.
Masson, P.: (a) Lyon Chir., 41:757, 1924. (b) Arch. pa le Sc. Med., 50:1, 1927.
Popoff, N. W.: Arch. Path., 18:295, (September) 1934.
Radasch, H. E.: Arch. Path., 23:615-633, (May) 1937.
Raisman, V., and Mayer, L.: Arch. Surg., 30:911, (June) 1935.
Schoch, A. C., and Aronson, H. S.: Texas State Med. Jour., 32:545, (December) 1936.
Stout, A. P.: Am. Jour. Cancer, 24:255, (June) 1935.
Theis, F. V.: Arch. Surg., 34:1, (Jan.) 1937.
Weidman, F. D., and Wise, F.: Arch. Derm. and Syph., 35:414, (March) 1937.

THE MARE SERUM HORMONE IN THE TREATMENT OF CERTAIN ENDOCRINE DYSFUNCTIONS IN WOMEN

A Clinical Study

ROBERT B. KENNEDY, M.D., and CARL F. SHELTON, M.D.
DETROIT, MICHIGAN

Since the discovery of the pituitary-gonad relationship by Smith,[12] gonad stimulating substances have been prepared from a number of sources, including anterior pituitary gland, human pregnancy urine, castrate or menopausal urine and human placenta. The enormous physiological literature on this subject offers satisfactory evidence that these substances are capable of producing follicle stimulation, ovulation and corpus luteum formation in laboratory animals.

Because of its availability, the gonad stimulating fraction of pregnancy urine (prolan, antuitrin-S, et cetera) has received the most extensive clinical study. The numerous publications bearing on this subject have been recently reviewed by Jeffcoate,[10] from which we conclude that these pituitary-like hormones from urine act differently in the human than in the laboratory animals. Apparently these substances do not produce follicle stimulation or luteinization in the human ovary. The work of Hamblen[7] would suggest that extract of pregnancy urine (antuitrin-S) may produce cystic degeneration in mature or maturing follicles, which may explain its mode of action in the treatment of certain types of functional uterine bleeding.

Hamblen[8] has studied human ovaries after administration of a gonadotropic fraction of anterior pituitary. He observed no histological changes which might be attributed to the hormones injected but points out the possibility that the dosage may have been too small.

Novak[11] has discussed the shortcomings of prolan preparations from urine as gonad stimulants in the treatment of amenorrhea, and has suggested that a true pituitary sex stimulation would be preferable in those amenorrheas where the ovaries are primarily at fault. He has also pointed out the fact that some cases of sterility and of functional uterine bleeding are associated with the failure of ovulation. It would appear that in such cases a hormone substance capable of producing ovulation would offer the most hopeful and logical form of therapy.

A new source of gonad stimulating hormone was discovered in 1930 by Cole and Hart[4] in the blood of pregnant mares. The studies of Goss and Cole,[6] Catchpole and Lyons,[3] and Hamburger,[9] have demonstrated that this hormone differs from that occurring in pregnancy urine and closely resembles extracts of the anterior pituitary gland in physiological properties. By the injection of pregnant mare serum these workers were successful in producing fertile ovulation in rats, ewes, sows and cows. This activity has received recognition in veterinary practice.

By fractionating pregnant mare plasma with acetone and with the use of isoelectric precipitation procedures, Cartland and Nelson[2] have obtained a highly purified gonadotropic fraction which is suitable for clinical study. Davis and Koff[5] have reported the production of ovulation in women by the injection of this hormone prepared from mare serum. These results, together with the physiological literature, would indicate that the mare serum hormone may be capable of stimulating the normal process of ovulation and corpus luteum formation in the human. Bowes[1] has reported preliminary studies on five cases of menstrual dysfunction treated with mare serum hormone.

Our interest in this newly available hormone has led us to study its use in the treatment of certain cases of amenorrhea, functional uterine hemorrhage, and more specifically to some interference with the normal process of follicle development, ovulation, and corpus luteum formation. Thus, we have administered the mare serum hormone to determine if clinical improvement can be accomplished by restoration of normal ovarian function.

Experiments

The mare serum hormone used in these studies was prepared by the method of Cartland and Nelson.[2] This preparation was

supplied to us in the form of sterile hypodermic tablets (gonadogen) which constitutes a stable form of the hormone in a highly purified state, from which a fresh sterile solution can be readily prepared at the time of injection. The gonadogen used in these experiments is biologically standardized by subcutaneous injection on three successive day into twenty-one to twenty-three day old female rats. The rat unit is defined as the minimum dose which so administered will produce at autopsy ninety-six hours after the first injection a pair of ovaries weighing 65 milligrams, which is five times the weight of control ovaries.

Although the hormone preparation is substantially free of serum proteins, we have adopted the regular precaution of making an intradermal test for sensitivity before proceeding with the therapeutic injections.

The following brief case reports are amenorrhea cases that were treated with the pregnant mare serum hormone:

Case 1.—A twenty-eight-year old married woman complained of amenorrhea for a period of three months' duration occurring nine months after a normal pregnancy. Physical examination revealed a small uterus and small, hard ovaries. Regularity was established with 50 unit doses of gonadogen given intramuscularly twelve days before the expected period. Duration of flow at the time of this writing is five days.

Case 2.—A thirty-three year old married multiparous woman complained of menstruation at three-month intervals. B. M. R. was —32. Regularity was established with the use of 50 units of gonadogen given at monthly intervals for seven months along with thyroid therapy. At the time of writing, the patient is pregnant.

Case 3.—A twenty-two-year old married woman, whose menses began at 14 and occurred every thirty to thirty-three days with a seven-day flow, had a miscarriage three years ago at three months. Since then she has had only a scant brownish discharge at monthly intervals. At laparotomy after finding large, sclerotic ovaries with a very tough and thickened tunica, a resection was done. The patient was then given 50 units of gonadogen at monthly intervals. The cycle then became regular with normal flow.

Case 4.—A twenty-seven-year old married woman complained of a scant serous discharge for the past six months. Her previous menstrual cycle was a regular twenty-eight-day type which began at the age of thirteen. Two weeks after the first intramuscular injection of 50 units of gonadogen the menses lasted two days. The patient has now had eight 50 unit injections at monthly intervals and the cycle is of three to four days' duration with a normal flow.

Case 5.—A thirty-nine-year old married woman complained of amenorrhea for six months, following one pregnancy with spontaneous abortion. Gonadogen successfully regulated the cycle.

Case 6.—A thirty-two-year old married woman complained of menses occurring every two to three months. She had had no pregnancies. The periods were regulated at monthly intervals with 50 unit doses of gonadogen.

Case 7.—A thirty-four-year old married woman whose menses began at 14 with a regular thirty-day cycle complained of sixty-day periods since a Rubin test and curettement four years previously. She has been married eleven years with no pregnancies. Gonadogen in 50 unit doses did not alter the menses. The patient showed evidence of pituitary dysfunction and has been definitely diagnosed as Fröhlich's syndrome.

Case 8.—An eighteen-year old single girl whose menses began at fifteen with an irregular one-to-six-day flow complained of four to six-month periods of amenorrhea. Bimanual examination revealed no pelvic pathology. Gonadogen in 50 unit doses brought the periods to monthly intervals with a flow of two days' duration.

Case 9.—An eighteen-year old single girl whose menses began at 15 with an irregular flow of five to six days developed amenorrhea and periods of scanty flow for the past two years. She was well developed and about ten pounds overweight. On pelvic examination, the uterus and ovaries were small. Thyro-ovarian compound in 1936 did not improve the condition. Ovarian extract in 1936 gave similar results. The patient was then given antuitrin-S and theelin for four months, after which her periods became somewhat more regular but still scanty. Examination of the pelvis during the course of an appendectomy in 1938 showed small ovaries and a poorly developed uterus. Gonadogen was then started in 50 unit doses once a month. The periods became regular at monthly intervals with a two-day duration of flow.

Case 10.—A thirty-two-year old married woman with two children (youngest eight months) complained of amenorrhea and painful breasts for the past five months. The general impression was one of undernourishment and anemia. On pelvic examination the uterus was of normal size and in mid-position with ovaries of normal size. Periods previous to the last pregnancy were the regular twenty-eight-day type of four days' duration. Gonadogen in 50 unit doses given at monthly intervals for five months regulated the periods and the injections were discontinued. The patient returned four months later to report that her menses have been regular since.

Three cases of menorrhagia were treated with the pregnant mare serum hormone:

Case 1.—An eighteen-year old single girl whose menses began at thirteen complained for the past several months of a scant flow which has continued all month. By pelvic examination pregnancy was excluded. A normal uterus and normal sized ovaries were found. After 50 units of gonadogen at monthly intervals for eleven months, the quantity of flow increased but the irregularity persisted.

Case 2.—A thirty-year old single woman whose periods began at eleven and were never regular complained of a flow of two weeks' duration. On bimanual examination there were large ovaries and a normal sized uterus. This patient was given 10 injections of 50 unit doses at monthly intervals; the periods were reduced to a five to seven-day flow.

Case 3.—A twenty-nine-year old married woman whose menses began at fifteen and were always regular complained of a two-week flow for the past three periods. Pelvic examination was negative. Seven injections were given at monthly intervals. After the first injection the flow lasted three weeks; since then it has diminished to five days.

Discussion

The cases reported above were in no way selected but represent a cross-section of office patients complaining of menstrual disorders and in whom no gross pelvic pathology was found. Ten cases of amenorrhea and three cases of menorrhagia were subjected to this medication.

The work of Davis and Koff, in which they produced ovulation in the human female, was accomplished with the intravenous use of the hormone. In our series the intramuscular route was used with favorable results. Before administration, the patients were carefully tested for protein hypersensitivity.

It is perhaps of special interest to note that there were two cases in which amenorrhea was present for seven and twelve days, respectively, occurring for the first time. In each case, one injection of 40 units of gonadogen was sufficient to start menstruation.

Pregnant mare serum exhibits certain definite physiological differences from preparations of urinary prolan. The physiological studies on both animals and humans indicate that this hormone possesses gonadotropic properties closely resembling those of the anterior pituitary gland. In proper dosage many workers have shown that it is capable of stimulating normal ovarian function. The action in general is similar to that of the anticipated uses of the various prolan substances. Because of its availability the gonad-stimulating fraction of pregnancy urine (prolan) has received extensive clinical study. Jeffcoate[10] has recently reviewed the enormous literature on the urinary prolans, from which we conclude that these substances act differently in the human than they do in laboratory animals and therefore do not fulfil the original hopes entertained for them as a true pituitary type of gonadotropic hormone. The new mare serum hormone seems to fulfil the desired requirement of an anterior pituitary-like gonadotropic substance.

Although we are unable to offer any remarks regarding the problem of sterility or the production of ovulation in women with the use of this hormone, the recent work of Davis and Koff has disclosed some interesting facts in regard to the production of ovulation. Using Gonadogen, they have for the first time been able to demonstrate the artificial production of ovulation in women, followed by normal corpus luteum development. Using a single intravenous injection of 50 to 60 Upjohn units, they have been able to produce experimental ovulation in normal women within twenty-four to thirty-six hours following injection.

Summary

Although some of the results are negative, we think this is what one might expect in view of the fact that the exact cause of menstrual irregularities is difficult to diagnose.

It is possible that more consistent results will be obtained therapeutically with gonadogen when we find the specific type of cases in which ovarian dysfunction is the primary cause.

Although it is clearly impossible to draw any valid conclusions from such a small series of cases, the results, particularly in some of the amenorrheas, seem to be sufficiently hopeful to justify mention. In our series, favorable results were obtained with the intramuscular use of the pregnant mare serum hormone.

The fact that it is not possible to tell by clinical means alone the true nature of menstruation produced by any hormonic preparation points to the helpful aid of the curette in evaluating the endometrial changes that accompany menstrual dysfunction.

Bibliography

1. Bowes, Kenneth: Treatment of menstrual irregularities by a new sex hormone preparation. Brit. Med. Jour., 2:904, (Nov. 6) 1937.
2. Cartland, G. F., and Nelson, J. W.: The preparation and purification of extracts containing the gonad-stimulating hormone of pregnant mare serum. Jour. Biol. Chem., 119:59, (June) 1937.
3. Catchpole, H. R., and Lyons, W. R.: Gonad-stimulating hormone of pregnant mares. Am. Jour. Anat., 55: 167-227, (Sept.) 1934.
4. Cole, H. H., and Hart, G. H.: The potency of blood serum of mares in progressive stages of pregnancy in effecting the sexual maturity of the immature rat. Am. Jour. Physiol., 93:57, No. 1, (May) 1930.
5. Davis, M. E., and Koff, A. E.: The experimental production of ovulation in the human subject. Am. Jour. Obst. Gynec., 36:183, (Aug.) 1938.
6. Goss, Harold, and Cole, H. H.: Sex hormones in the blood serum of mares. Endocrinology, 15:214, No. 3, (May-June) 1931.
7. Hamblen, E. C., M.D.: Results of preoperative administration of an extract of pregnancy urine. Endocrinology, 19:169, No. 2, (March-April) 1935.
8. Hamblen, E. C., M.D.: Study of ovaries after administration of a gonadotropic principle of anterior pituitary. Endocrinology, 20:321, No. 3, (May) 1936.
9. Hamburger, C.: Further studies on the gonadotropic hormone of the pregnant mare. Endokrinologie, 17:8-21, 1936.

10. Jeffcoate, T. N. A.: Treatment of functional uterine hemorrhage by means of gonadotropic and ovarian hormones. Jour. Obst. Gynec. Brit. Emp., 44:31-85, (Feb.) 1937.
11. Novak, E., M.D.: A brief epitome of gynecologic endocrinology and organotherapy. Am. Jour. Obst. Gynec., 32:887, No. 5 (Nov.) 1936.
12. Smith, P. E.: Hastening development of female genital system by daily homoplastic pituitary transplants. Proc. Soc. Exper. Biol. Med., 24:131, (Nov.) 1926.

GALLSTONE COLIC OR GASTRIC CRISIS

A Case Report

B. HJALMAR LARSSON, M.S., M.D.
DETROIT, MICHIGAN

A careful search in the Index Catalog of the Library of the Surgeon General's Office, United States Army, since 1915, fails to reveal any report of cases where the gastric crisis of tabes dorsalis has been confused with biliary colic due to calculi or vice versa. In *The Quarterly Cumulative Index Medicus* from 1926 and up to June 1938, no cases of a similar nature have been reported. E. Herskovitz reports a case in roentgenpraxis (Vol. 9:614-616, September, 1937), in which renal calculi provoked a pseudotabetic crisis. *The Quarterly Cumulative Index Medicus* refers to numerous case reports of duodenal and gastric ulcer which simulate gastric crises of tabes dorsalis and vice versa. Apparently there are patients with gastric crises of tabes dorsalis who at the same time are suffering from gall-bladder disease and gallstone colic. I should like to report one such case since it presents some unusual features.

The patient was a Swedish-American toolmaker, aged thirty-nine years, who entered Harper Hospital August 3, 1935. His family history was irrelevant. Eight years ago he had an attack of jaundice of eight days' duration associated with sharp epigastric pain which radiated to the right shoulder. Ten months and again six months ago he had similar attacks accompanied by belching, nausea and vomiting, but no jaundice. He denied venereal diseases. He had been a steady worker, and had smoked many cigarettes and occasionally drank whisky in moderate amounts. His bowels had been constipated. There had been moderate loss of weight.

He had not been feeling well for the past two weeks. Eight days ago he returned home from his regular work and after supper he was seized with violent pain in the epigastrium which began in the right upper quadrant and travelled toward the back, and was accompanied by nausea and vomiting. He was relieved only by injection of morphine. A dull constant pain remained after the acute attack had subsided. Since then he has had a number of attacks. Cathartics relieved him somewhat from the abdominal distress but made him more nauseated and caused vomiting. The vomitus was yellow and sour but never contained blood. He had had no melena. The attacks had no relation to meals but were sometimes brought on by a drink of whisky.

Physical examination revealed a tall, well developed man, fairly well nourished, lying comfortably in bed. Constitutionally he was of the ulcer type. His pupils were equal, round, and reacted to light and accommodation. The scleræ were clear. The abdominal wall was firm and slightly tender to palpation, there were no palpable masses. The spleen appeared slightly enlarged to percussion. The reflexes were physiological. The blood count revealed: 4,880,000 red cells, 6,800 white cells with 58 per cent polymorphonuclears. Serologic: Kahn negative, sugar 0.174 per cent. N.P.N. 33.3 mgs., icteric index 5. The urine was alkaline, 1.015 specific gravity with a trace of albumin, acetone 3+, no sugar and no casts.

Roentgenologic study revealed no organic lesion of the stomach, duodenum, small or large bowel.

Cholecystography showed a large gall bladder, of the pendulous type. It concentrated the dye faintly and exhibited some contractility after a fat meal. There were multiple shadows of negative density. Conclusions: Definite evidence of cholelithiasis.

Hospital course: Under spinal analgesia the patient was operated upon 8/9/35. The gall bladder was unusually large with the fundus dropping down toward the pelvis. It contained a quantity of small, black faceted calculi, of the same approximate size. No calculi were palpated in the cystic, hepatic or common ducts. Cholecystectomy was performed with double ligature of the cystic duct and closure without drainage.

The tissue report showed chronic cholecystitis and the post-operative convalescence was smooth. The patient was discharged on the tenth postoperative day.

Subsequent course: Fourteen days after the operation he was readmitted with the history of return of nausea and vomiting but no jaundice. There was no history of acute pain but rather a feeling of distress in the epigastrium. This was the first of six such episodes. The treatment during hospitalization was usually the same and consisted of adequate administration of parenteral fluids, solution of glucose and sedatives. The improvement was rapid and the hospitalization varied from one to six days. There were long periods during which the patient attended to his regular work in the factory with comparatively little discomfort. During the first three-month period following the operation, he gained twenty-five pounds of weight. Physical examination of the patient at each entry were essentially the same. At times, there was a noticeable icteric tint to the scleræ but pupillary and patellar reflexes were considerably active as on the first admittance. There was an occasional rise in the white blood count, the highest recorded was 11,000 with 77 per cent polymorphonuclears. Repeated urine exami-

nations failed to show the presence of bile. Three Kahn blood tests were reported negative. Van den Bergh direct and indirect were negative. The icteric index was normal. A repeated Roentgen examination revealed no lesions in the pyloric end of the stomach or in the duodenum to account for the patient's symptoms. During the last entry it was noted that the patient's patellar reflexes were rather sluggish and this prompted a spinal fluid examination. This revealed a Kahn 4+ positive, the gold curve was 1,233,322,100 and there were 14 white blood cells per 1 c.c. of spinal fluid with a slight increase in the globulin.

The patient was informed of the situation and returned to his usual work. After two weeks he was reported missing and a few days later was found dead. An autopsy was performed at the University Hospital at Ann Arbor. The report read:

"We found that the gall bladder had been removed and that the common duct was fully patent throughout and in excellent functional condition. No calculi were found in either the common duct or stump of the cystic duct and there was no evidence of any biliary obstruction. We felt that the results of the operation were exceedingly satisfactory. There was no evidence of gastric or duodenal ulcer. Putrefactive changes were too far advanced to permit a study of microscopic details of the spinal cord. The death was due to hanging and was undoubtedly suicidal. (Signed) John C. Bugher, Assistant Professor of Pathology."

Discussion

The clinical history in this case supported by Roentgen evidence and operative findings warranted a diagnosis of gall-bladder disease with cholelithiasis. The post-cholecystectomy syndrome appeared to be typical of the complications which occasionally are encountered in gall-bladder surgery. During this patient's six re-entries the question presented itself whether or not there may have been a remaining common duct calculus or some interference with the sphincter mechanism (Oddi) causing a partial obstruction. Later, cholangitis was suspected. The evidence which would have indicated a secondary surgical procedure on the extra-hepatic biliary ducts was not definite. The repeated negative Kahn blood tests, the characteristic absence or weakness of knee-jerks and the specific Argyll-Robertson phenomenon usually associated with tabes dorsalis did not suggest a possible pre-ataxic stage of neuro-syphilis. It is known that gastric crisis may occur early in a case of tabes dorsalis before the usual signs of disease of the cord have manifested themselves definitely. In this case there was no history suggestive of either lightning pains or bladder disturbance. The autopsy report helped to clear up what seemed to be a complicated diagnostic problem. The serological findings in the spinal fluid proved that there was active neurosyphilitic disease present. Considering the final appearance of sluggish knee-jerks and the spinal fluid changes as well as the crises-like attacks after operation without any local findings in the bile ducts it is apparent that the diagnosis of tabes dorsalis was justified.

10 Peterboro Street

ADENOMA OF THE STOMACH

LAURENCE M. HILT, M.D.*
Butterworth Hospital
GRAND RAPIDS, MICHIGAN

The known tendency of carcinoma to develop upon an adenoma was brought to our attention in a case which appeared to be a benign lesion of the stomach on first examination but which eighteen months later showed radiologic evidence of malignant development. The first examination showed marked similarity between this case and two cases of adenoma of the stomach which were verified as such by pathologic section.

According to Kaufmann, "Adenomatous polyps are composed essentially of proliferated mucosal glands covered with a single layer of cylindrical epithelium with many goblet cells. Perfect uniformity of the epithelium does not exist; indeed these epithelial tumors show a certain degree of polymorphism." The majority of the cases are single, but they may be multiple. Adenomas do not disintegrate but may become ulcerated by peptic digestion. Carcinoma developing upon an adenoma occurs less frequently in the stomach than it does in the intestines. It is also possible that an adenoma may grow in the presence of a carcinoma. Unlike carcinoma, adenomas do not penetrate the deep layers but grow from the mucosa into the stomach cavity. The

*The material for the paper was collected while associated with Patton, Evans & Herndon, and St. John's Hospital, Springfield, Illinois.

Appreciation is hereby expressed to Dr. O. L. Zelle for obtaining the post mortem in Case 3.

adenomatous growth does not cross the muscularis mucosæ.

The relationship of inflammatory changes to the formation of adenomatous polyps in other organs, especially the nose, has been

Fig. 1. Case 1.

cited. Mills believed that the lesion begins as a simple thickening of the mucous membrane.

X-ray Characteristics

The combination of fluoroscopic and roentgenological examination is essential. In one case films taken in one position failed to show the lesion; whereas films taken in another position gave definite evidence of the lesion. The presence of a tumor was very easily demonstrated fluoroscopically in another case by manipulation in different positions.

It is our belief that it is by careful x-ray examination that this diagnosis is made.

The principal x-ray signs are:

1. Filling defects, single or multiple, having vacuolated appearance. The lesion may be movable or fixed.

2. The majority of the lesions are found in the pyloric region. It is possible for a lesion with a long pedicle to extend into the duodenum and be mistaken for a duodenal lesion.

3. The size may vary from a pea to a fetal head.

4. The peristaltic waves are not interfered with on either curvature of the stomach.

5. There may be a five-hour residue, although in this series there was no residue.

Clinical Findings

1. Anemia is one of the most constant

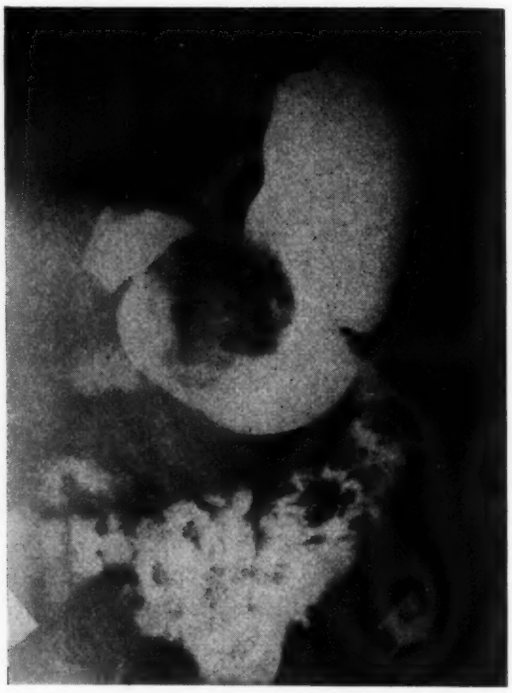

Fig. 2. Case 2.

findings. The anemia is usually of the secondary type although cases have been recorded in which the characteristics were those of a primary anemia and the patients treated as such. Any obscure case of secondary anemia warrants an examination of the gastro-intestinal tract with the probability of a benign tumor in mind.

2. There may be symptoms of obstruction of the pylorus, usually of the intermittent type.

3. Intervals of freedom from pain have also been noted. These intervals are usually of variable length. The distress may or may not simulate an ulcer.

4. Achlorhydria is usually always present.

5. There may be a history of vomiting, hematemesis and diarrhea.

6. The tumor mass may occasionally be large enough to be palpated.

7. Muscular rigidity of the abdomen may be present.

8. Particles of tissue have been found in the gastric contents. This occurred in one of our cases.

9. The feces may contain occult blood.

Case 1.—A colored woman, H. L., aged forty-seven, consulted Dr. R. F. Herndon in February. She had been without symptoms of any sort until about one year ago when she had diarrhea of variable severity for three or four weeks. About two weeks later, she had an acute upset with nausea, vomiting and vertigo. These attacks lasted about a day or two, occurring about twice a week until six months ago when they ceased. For the last six months she has had a dull pain in the left upper quadrant, constant in character, which is increased by taking food. Food produces bloating. She spits up watery material which does not taste sour. She has some nausea but no vomiting. Appetite is good but patient is reluctant to eat.

Physical examination revealed no evidence of a mass in the abdomen. Pelvic and rectal examinations negative. Urine negative. Hemoglobin, 70 per cent. Red blood cells, 3,850,000. Kahn negative.

Gastric analysis showed an achlorhydria. The feces showed no macroscopic evidence of blood. Benzidine reaction for occult blood was positive.

A small piece of tissue about 1 by 1 by 0.3 cm. was found in the gastric analysis. On section, this appeared to be made up of epithelial cells which showed an orderly arrangement.

Fluoroscopic examination showed a filling defect in the pars media which was vaculated in appearance, constant, moveable and on changes in position could be obliterated. The peristaltic waves were normal on both curvatures of the stomach. The pylorus was regular in outline. The duodenal bulb was regular in outline. The stomach was empty at the end of five hours. Roentgenographic examination confirmed the fluoroscopic findings. The roentgenological diagnosis was tumor of the stomach, probably benign.

At operation by Dr. C. L. Patton, a mass about 6 by 2 cm., cauliflower-like in appearance, was found attached to the anterior stomach wall. This was removed. The attachment of the mass to the stomach was by a broad base but there was apparently no infiltration of the stomach wall beyond the tumor. Pathological section revealed an adenoma.

Six years later, this patient was alive and well with no symptoms or complaints referable to stomach, and weighed 160 pounds in comparison to 116 pounds at the first examination.

Case 2.—A white man, L. J., aged sixty-one, while in the hospital in February with an infection of the right knee complained of pain in the abdomen. Gastric analysis—achlorhydria. Urine negative. Feces negative for occult blood. RBC 2,240,000; Hemoglobin 37 per cent (4-24-31). RBC 3,400,000; Hemoglobin 45 per cent (8-4-31). RBC 3,350,000 (9-2-31). Hemoglobin 44 per cent (8-3-31). Fluoroscopic examination demonstrated constant filling defect of the lesser curvature of the stomach. Roentgenographic examination confirmed the fluoroscopic findings. A diagnosis of tumor of the stomach, probably malignant, was made. There was an increasing anemia of the patient. In October, a blood transfusion was made. On October 3, an operation was performed. A freely moveable mass about seven by seven centimeters was found in the pyloric portion of the stomach. This was removed. A blood transfusion was given at the completion of the operation. The patient died October 7. Microscopic section revealed an adenoma of the stomach.

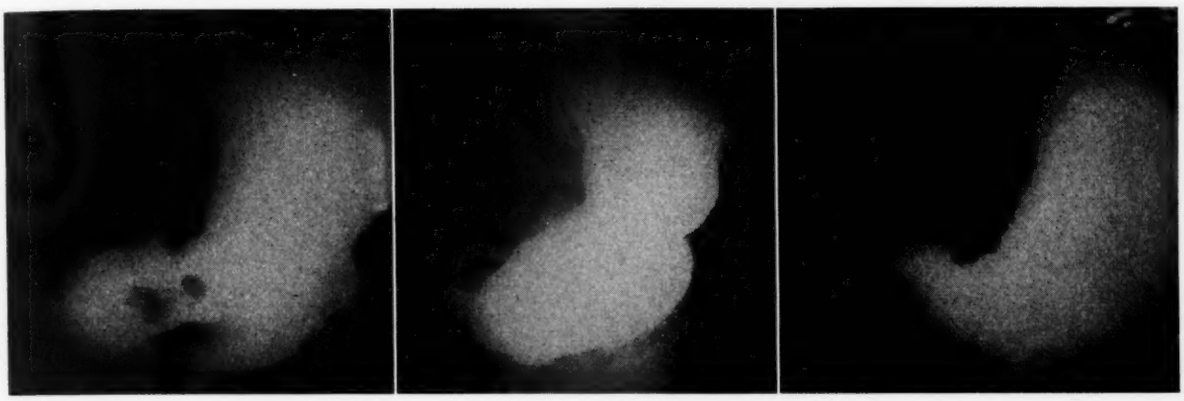

Fig. 3. Case 3. *a*, Original examination. *b*, Normal appear ing stomach. Radiograph made in different positions than others. *c*, Eighteen months later.

Case 3.—A white man, L. R., aged seventy, consulted Dr. R. F. Herndon. He had had no serious illness in the last fifty years. Five months ago, the patient discovered an epigastric lump which he believes has increased in size until it now feels about the size of a baseball. Constipation increased. Epigastric pain of intermittent frequency for about two years. Pain constant in character. Pain increases at night but never severe. Appetite good. Feels better after he eats. Occasional nausea but no vomiting. Weight 103 pounds.

Physical examination revealed a mass in the epigastrium. Rectal and prostatic examinations were negative. Urine negative. Stool microscopically negative. Benzidine reaction of fecus positive for occult blood. Red blood cells 4,150,000. Hemoglobin, 80. Gastric analyses demonstrated achlorhydria.

Fluoroscopic study of the gastro-intestinal tract demonstrated a constant filling defect in the distal portion of the pars media. Peristaltic waves were normal on both curvatures of the stomach. No irregularities could be outlined on either curvature of the stomach. The distal portion of the pylorus and the duodenum were normal in outline. The stomach emptied at the end of four hours. Roentgenograms of the stomach confirmed the fluoroscopic observations except one film taken in a different position from the others was that of a normal stomach.

Roentgenologic diagnosis of benign tumor was made. Operation advised but refused.

Eighteen months later this patient was again examined. The patient's chief complaint was an increasing weakness. There was no loss in appetite but increase in nausea and vomiting. The tumor mass was larger, more easily palpable. Weight, 85 pounds. The patient was markedly jaundiced. Urine

was negative. Kahn negative. Red blood count showed 2,700,000 cells and 28 per cent hemoglobin. Leukocytes were 8,150. Roentgenologic study demonstrated a marked filling defect in the stomach which extended from the distal portion of the pars media and included the pylorus. The vacuolated appearance of the former examination could not be demonstrated. The peristaltic waves did not pass beyond the distal portion of the pars media. The duodenal cap was normal. No obstruction to the passage of the barium meal was noted. The stomach was empty at five hours. A roentgenological diagnosis of carcinoma of the stomach was made. Two months later this patient died. Postmortem confirmed the diagnosis of adeno-carcinoma of the stomach.

Conclusions

1. Roentgenologic examination may be the only means of diagnosis.
2. Obscure cases of secondary anemia should be examined with the possibility of a benign gastric lesion, probably an adenoma.
3. Achlorhydria is usually present.
4. Pain in some form is usually present.
5. From the roentgenologic examination it is impossible to differentiate the type of tumor; but in one case at the first examination the similarity to two proven cases of adenoma with the subsequent evidence of malignancy form a basis to conclude that in the beginning the lesion was benign and an adenoma.
6. All malignant appearing lesions of the stomach should be carefully considered as to the possibility of their being benign.

Bibliography

1. Balfour, D. C., and Henderson, E. F.: Benign tumors of the stomach. Ann. Surg., 85:354, (March) 1927.
2. Baunn, H., and Pearl, F.: Diffuse gastric polyposis—adeno-papillomatis gastrica. Surg. Gynec. and Obstet., 43:559, (Nov.) 1926.
3. Carman, Russell D.: The Roentgen Diagnosis of Diseases of the Alimentary Canal. Second Edition. Philadelphia: W. B. Saunders Company, 1920.
4. Eleason, Pendergrass, and Wright: The roentgen-ray diagnosis of pedunculated growths. Am. Jour. Roentgenol. and Radium Therapy, 15:295, 1926.
5. Ewing: Neoplastic Diseases. Second Edition. Philadelphia: W. B. Saunders, 1922.
6. Kaufmann: Pathology. Translated by Reiman. P. Blakiston's Son & Company, 1930.
7. Miller, T. G.: Polypoid carcinoma of the stomach. Jour. A.M.A., 76:229, (Jan. 22) 1921.
8. Rigler, L. G.: Roentgenologic observations on benign tumor with a report of fifteen cases. Am. Jour. Surg., (Jan.) 1930.

REMOVAL OF BB SHOT WITH GIANT MAGNET*

CARL C. McCLELLAND, A.B., M.D., F.A.C.S.
DETROIT, MICHIGAN

BB shot were formerly made by pouring molten lead into molds. Today the process is the same except molten steel is used, so that the shot are attracted by a magnet. Some of the BB shot on the market have been copper coated. This does not affect the action of the magnet on them. I desire to report two cases where the giant magnet was successfully used in removing BB shot from the body.

Case 1.—B. W., a girl aged thirteen, was playing in her own back yard. One hundred and fifty feet away a neighbor boy was shooting a BB air rifle. He saw the girl, took aim and fired. The shot penetrated the right eye-ball, entering the vitreous chamber behind the lens on the nasal side. X-ray examination six hours later showed the shot still in the globe 9 mm. back of the center of the cornea, 10 mm. to the temporal side of the vertical meridian and 11 mm. below horizontal meridian. The anterior chamber was filled with blood; the pupil dilated easily. Details of fundus were not made out. There was very little reaction in the eye. The sclera was still white. Under local anesthesia a giant magnet was used, when the shot was easily drawn out through the wound of entry. The patient was given typhoid vaccine for protein reaction. She left the hospital in four days. Subsequent examination showed the lense had not been injured and there was no traumatic iritis. The vision was 20/20 with correction and has remained so for nine months, with no retina detachment.

Case 2.—H. N., a boy aged three, while playing with BB shot put one in his left ear. Two unsuccessful attempts were made to remove the shot with forceps which only pushed the shot further in and caused traumatism with hemorrhage. I saw the child about four hours later. Examination showed the external canal full of blood clot. When this was washed away, a very little of the surface of the shot could be seen because of swelling and edema in the external canal. Remembering that the shot was steel, removal was easily done under ether anesthesia with the giant magnet, after the external canal had been packed with alcohol cotton for twelve hours. The shot was lying against the drum membrane. No inflammatory reaction followed. These BB shot had a diameter of 3.5 mm. and weighed 350 mg.

*From the Department of Ophthalmology and Oto-Laryngology, Grace Hospital, Detroit, Michigan. Read before the Detroit Ophthalmological Club.

CESAREAN SECTION: 338 CONSECUTIVE CASES*

WARD F. SEELEY, M.D., F.A.C.S.
DETROIT, MICHIGAN

During the period of ten years from 1928 to 1937, inclusive, there were confined at Harper Hospital 13,358 patients, among whom 338 were delivered by cesarean section, an incidence of one in forty, or 2.5 per cent. This is quite similar to the frequency of the operation in the city of New York, 1930-1932, where the city-wide incidence was 2.2 per cent, and to that in Philadelphia, 1931-1933, where abdominal section occurred in 2.6 per cent of all deliveries. In strictly hospital practice more frequent resort to cesarean section may be expected, as for instance at the Chicago Lying-In Hospital, Daily reports 5.6 per cent cesareans among 8,871 hospital deliveries. Furthermore, the incidence is likely to be higher in hospitals in which the work is largely in the hands of specialists in the field of obstetrics, due to the reference of cases specifically for abdominal delivery.

Type of Operation

TABLE I

Low Cervical	244	72.2%
Classical	56	16.6%
Porro	38	11.2%
Total	338	100%

Table I shows an overwhelming preponderance of the low cervical operation over other types. This is probably due to the quite general advocacy of this operation, in recent years, as a safer procedure, particularly in infected or potentially infected cases. While I do not mean to infer that all low cervical operations were done for these indications, yet, it can be argued that if the procedure of choice in potentially infected patients the low section should be above reproach in clean cases. This method of reasoning undoubtedly accounts for its high occurrence (72.2 per cent) over a ten year period.

Fifty-six (16.6 per cent) classical operations were done in cases judged to be clean, among which were several cases of placenta previa occurring early in the series when this condition was thought to complicate the low operation.

The Porro technic with amputation of the uterus supravaginally was done thirty-eight times (11.2 per cent) in cases of doubtful cleanliness, for uterine fibromata, for sterilization, and abruptio placentæ.

*From the Department of Obstetrics and Gynecology, Harper Hospital.

Indications

TABLE II

Disproportion	116
Previous Section	109
Placenta Previa	43
Cardiac	12
Abrupto Placenta	12
Nephritic Toxemia	9
Pre-eclampsia	6
Eclampsia	2
Miscellaneous	21
Total	338

By far the greatest number of operations were done for the indications "disproportion" and "previous section." A closer scrutiny of "disproportion" shows that in a very high percentage it was considered to be pelvic, in a few instances a combination of an oversized head and a small pelvis, and with rarity only a large head without engagement.

Previous section accounted for 109 cases or nearly one-third of the total. In many instances the indication for the first section was permanent. Nevertheless, we at Harper Hospital apparently believe that the dictum "once a cesarean always a cesarean" applies, and follow our belief in practice. Whether or not we are correct in our belief may be debated, but in our defense let it be said that there was no mortality in the 109 cases operated with "previous section" charted as the indication.

Cesarean section was done forty-three times for placenta previa, in patients who had had adequate prenatal supervision, in relatively good condition, and either not in labor or very early in labor. There was no mortality in this group.

It is well known, and quite universally conceded, that the treatment of placenta previa should depend to a great extent upon the condition of the patient when first seen.

For this reason patients in poor condition, well advanced in labor, particularly if they be multiparæ, with the marginal or lateral varieties, are safer if treated by more conservative methods. The more so if ill advised vaginal examination or tamponade has been done. On the other hand, patients seen from the first bleeding, not in labor or early in labor, particularly if they be primiparæ, without vaginal manipulation, can be safely delivered by cesarean section. The value of blood transfusion in these cases is so well known as to need no comment.

Cardiac indications were present in twelve cases with one post-operative death. In advising cesarean section as a routine for the pregnant cardiac patient, it is my opinion that we are on strongly debatable ground. In recent years there has come to be a better understanding of heart disease, particularly from the functional aspect, and better coöperation between the internist and the obstetrician. Formerly the internist with the idea of "saving the patient the strain of labor" has all too frequently advised cesarean section as a means to this end, and this advice the obstetrician has been all too eager to accept. This has resulted in ill-advised operations in patients with broken compensation, with unnecessary deaths charged to cesarean section. The majority of pregnant women with heart disease can be delivered from below, often by forceps to prevent straining in the second stage, with far less risk, provided they have adequate prenatal cardiac supervision. Nor can we agree with the argument that abdominal section is preferable because it offers the opportunity for sterilization. The problem of pregnancy may never again present itself if adequate birth control advice is given. If it does, pregnancy can then be interrupted in its early stage and sterilization done with a minimum of risk.

It is agreed that the occasional cardiac woman should be delivered by cesarean section. These few cases are composed for the most part of those women whose decompensation has been relieved, and who carry on to term, or near term, and again show evidence, in spite of treatment, of decompensating before labor ensues; and of the cardiac with obstruction to labor, as in pelvic contraction, or obstructing fibroids.

Abruptio placentæ was the indication for section in twelve instances. There were two deaths in this group, one from shock and hemorrhage, and one from peritonitis. Little comment is necessary on the treatment in this group. We believe that many cases with this major complication will continue to be treated by cesarean section as the procedure of choice, inasmuch as the behavior of the uterine musculature is unpredictable even, at times, with the abdomen open.

The toxemias furnished indication for seventeen cases, nine of which were nephritic, six pre-eclamptic, and two eclamptic, occurring in the earlier years covered in this report. Three deaths resulted, all from toxemia rather than from operation. As a matter of record it should be stated that in one of the eclamptics a complicating factor was placenta previa, in a primiparous patient not in labor. The literature and our own personal experience give ample proof that no worse results have been obtained in the treatment of the toxemias than by the routine resort to cesarean section, unless it be by the use of accouchement forcé. In our opinion section should be limited to the rapidly fulminating pre-eclamptics, which are few if the cases are under proper prenatal supervision.

For *miscellaneous indications* twenty-one cases were sectioned with no deaths. Uterine fibroids, large ventral hernia, large echinococcus cyst of the ovary, double uterus, elderly primipara, all furnished cases. In addition multiple indications were found in a number of cases.

Mortality—Maternal

In the series of 338 cases, eight died, and absolute rate of 2.36 per cent. In trying to evaluate the danger of the operative procedure itself it is seen that the cause of death was not surgical in four cases, viz., one with heart failure, and three from toxemia, leaving four surgical deaths or a net rate of 1.18 per cent. Also in this group of 338 there is a consecutive series of 134 without mortality, and a group of 164 clean cases, without vaginal examination, with intact membranes, not in labor or early in labor (comparable to the usual clean surgical operation), with one death, or .61 per cent.

It would therefore seem that cesarean

section in Detroit carries with it no more risk than the usual clean surgical case, provided care is used to eliminate cases with doubtful indications or with contraindications to abdominal delivery.

In 1925 Welz reported a maternal mortality of 13 per cent for cesarean section in this city. Five years later (1930) I was able to show a reduction in this rate to 4.43 per cent. In the present series including the years 1928 to 1937, the absolute rate at Harper Hospital was 2.36 per cent. Inasmuch as four deaths, early in the series, followed sections for indications which in the light of present knowledge we now believe to be questionable, and because death occurred as the result of these complications and not as a sequel of the operation, we may be able to predict a still further lowering of the mortality rate. (Net rate 1.18 per cent.)

TABLE III

Case	Age	Para	Indication	Cause of Death
1	28	I	Aortic and mitral insufficiency Class III	Myocardial failure
2	26	I	Abruptio placentæ	Peritonitis
3	27	II	Abruptio placentæ	Hemorrhage and shock
4	28	I	Nephritic toxemia	Toxemia, 5th day
5	27	I	Pre-eclampsia	Toxemia, 5th day
6	39	I	Pre-eclampsia	Toxemia, 3rd day
7	35	II	Contracted pelvis	Peritonitis, 5th day
8	22	I	Contracted pelvis	Septicemia, 13th day

Mortality—Fetal

TABLE IV

Monstrosity	2
Diabetes (mother)	3
Cerebral hemorrhage	1
Prematurity	6
Thymic	1
Congenital atelectasis	2
Ruptured uterus	1
Abruptio placentæ	4
Hemorrhagic disease	1
Unknown	8
Gross fetal mortality	29—8.5%
Net fetal mortality	16—4.7%

A total of twenty-nine infants did not survive, a gross mortality rate of 8.5 per cent. If deductions are made for nonviable prematures, monstrosities, and infants already dead on admission (ruptured uterus one, abruptio placentæ four, sixteen deaths, or 4.7 per cent, is the net rate.

Morbidity

The American Committee on Maternal Welfare has a criterion for estimation of morbidity, viz., a temperature of 100.4 degrees or higher on any two postpartum days exclusive of the first twenty-four hours, with temperature readings at least four times daily, which has been quite generally accepted in this country. For our purposes we have used a somewhat more strict measure and have classified as morbid any patient with a temperature of 100.4 or higher at any one reading exclusive of the first twenty-four hours. By this criterion 193 patients were morbid, or 57 per cent. The difficulties attending positive and accurate diagnosis of causes of puerperal morbidity, particularly when mild in character, are well known to all obstetricians. As well as this could be done is shown in Table V. One hundred sixty cases having low grade temperature for periods not exceeding three days were classified as puerperal endometritis. It is possible that a number of these temperatures if occurring after operations in patients who were not pregnant, would be said to be "operative reactions." Two definite cases of peritonitis occurred, both of whom died. Of the entire 193 patients only thirty-three were morbid four days or more by our standard. It is interesting that there is no case in which breast complications were considered as a cause of morbidity.

TABLE V

Endometritis	160
Sepsis	11
Wound abscess	5
Parametritis	2
Peritonitis	2
Pneumonia	2
Pyelitis	2
Phlebitis	1
Retained membranes	1
Cause unknown	7
Total	193

Further analysis shows that of the cases with ruptured membranes seventy-three per cent were morbid as compared to 55 per cent in cases with unruptured membranes.

A study of morbidity in relation to type of operation in cases with unruptured membranes shows that with the low cervical operation 51 per cent were morbid and with the classical operation 53 per cent. For the Porro operation the morbidity was 60 per cent. This would seem to show that there is very little difference, so far as morbidity is concerned, for cases with unruptured membranes, in the results of the two types of operation. Unfortunately a comparison of results with the low cervical and classical sections in cases with ruptured membranes is not available, as all in this group were done by the low cervical operation.

In attempting to discover any differences in the morbidity rates for the two types of operations when the patient was in labor when sectioned we find that with the low cervical operation 50 per cent were morbid and with the classical operation 60 per cent were morbid. We were able to find no definite relation between the length of labor prior to operation and the number of days of morbidity.

A comparison of the average morbid days shows three and one-third days for the low cervical, three and three-fourths for the classical, and three and one-half for the Porro operation.

Summary

An analysis of 338 cesarean sections done during a period of ten years at Harper Hospital shows a marked tendency toward the low cervical operation as the procedure of choice.

If results in so far as mortality is concerned for the city of Detroit can be interpreted in terms of those at a representative hospital, the rate of 13 per cent reported for 1925 has been greatly reduced (2.36 per cent Harper) and still further reduction seems possible. A series of 134 consecutive cases without mortality, and a series of 164 "clean" cases with one death (.61 per cent), with comparable results from many other hospitals, shows that, with proper selection of cases, risk from cesarean section is no greater than that from other clean abdominal operations.

By a very rigid standard there is little difference in morbidity in clean cases not in labor and with unruptured membranes, between the low cervical and classical operations. For cases in labor and with ruptured membranes the low operation is the procedure of choice. The average duration of morbidity is less with the low cervical operation.

Deaths occurred in four instances from causes not connected with operation and serve to emphasize the dangers in cardiacs and in patients with toxemia.

Selected cases of placenta previa were sectioned in 43 instances without maternal mortality and with six fetal deaths from prematurity, which is as good a maternal result, and probably a better fetal death rate than could have been obtained by more conservative measures.

The large number of patients for whom "previous section" was the indication for cesarean should emphasize the responsibility of the obstetrician advising the *first* section.

References

1. Campbell, James V.: Am. Jour. Obst. & Gynec., 33:451, 1937.
2. Daily, Edwin F.: Am. Jour. Obst., 30:204, 1935.
3. Gustafson, Gerald W.: Surg., Gynec. and Obst., 64: 1035, 1937.
4. Harris, L. J.: Canad. Med. Assn. Jour., 37:32, 1937.
5. Phaneuf, Louis E.: Am. Jour. Surg., 35:447, 1937.
6. Reckie and Kimball: Jour. Mich. State Med. Soc., 36: 542, 1937.
7. Seeley, W. F.: Am. Jour. Obst., 28:115, 1937.
8. Seeley, W. F.: Am. Jour. Obst., 24:68, 1932.
9. Welz, W. E.: Am. Jour. Obst., 13:361, 1927.
10. Wilson, Karl M.: Am. Jour. Surg., 35:459, 1937.

AN IMPROVED NEEDLE FOR INTRAVENOUS THERAPY

CONSTANTINE L. A. ODÉN, M.D.
MUSKEGON, MICHIGAN

Since the introduction of Salvarsan, intravenous therapy has gradually come into general use. This has undoubtedly been due to the fact that a more definite and rapid effect of the drug can thus be had, than when administered orally.

As a result of extensive research work carried on during past years in various private and commercial laboratories, a large number of therapeutic agents are now available for intravenous use, a factor responsible to some extent for the growing popularity of the method.

Formerly, direct exposure of the vein was considered necessary in order to properly enter its lumen and in turn prevent infiltration of adjacent tissues. But, as infection often followed and scars formed in situ, this method has gradually been abandoned, except for blood transfusions and occasional massive injection. This is especially true when frequent injections are advisable.

The method of fixation of the vein with a cambric needle has also fallen into disrepute. As a result of improvement in technic, the needle can now be inserted into the lumen of the vein with comparative ease and certainty, thus removing the former danger of infection, scars, and pain caused by extravenous infiltration.

The experienced doctor encounters little or no trouble in its performance, but he must develop a technic suitable for the purpose. Unfortunately some never master the art, and their patients continue to have swollen arms. With a proper tourniquet in place, a peculiar sensation of a "give" is experienced when the needle enters the lumen. Without being able to detect or properly interpret this sensation, the needle may pass outside the wall of the vein or pass through both anterior or posterior wall, and not remain in the lumen. Absence of blood in the syringe barrel following aspiration is an indication of failure which must be corrected before the operation is continued.

Equally important as manual dexterity is the selection of a proper needle. Needles varying from one-third to one inch, and from twenty to twenty-seven gage, should be kept on hand, always selecting the smallest gage suitable for each case. Too often too large a needle is responsible for failure. Except when a large quantity of a heavy fluid is to be given, I find the twenty-seven gage most suitable, as it causes less trauma and incidentally less pain to the patient.

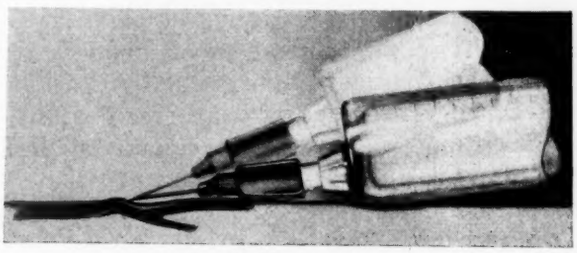

Fig. 1. This shows the advantage of the eccentric needle with syringe as compared with the older type for intravenous therapy. Note angle at which each penetrates the skin and enters vein.

The needle point should be sharp and of correct angle. These are frequently not found on the average hospital tray, not because of indifference on the part of the service room, but mainly because standardization of intravenous technic has never been properly emphasized.

I have long felt the need for improvement in intravenous needles. Several years ago, I designed a needle for intradermal use, consisting of a barrel three-fourths of a centimeter in length on a beveled shoulder, which permitted the needle to be promiscuously inserted into the skin with a skid-like manner. Its success in the intradermal field furthered the idea that the same principle could be applied to the needle for intravenous use. This resulted in the construction of a similar needle (Fig. 1) with a longer barrel which, when used with an eccentric syringe, has proven to be very satisfactory for the purpose intended. It insures an easier and more accurate entrance into the lumen of the vein, as it maintains a proper angle, and the position of the point is always constant, thus minimizing the possibility of trauma to the vein wall or infiltration of surrounding tissues.

ONE YEAR OF OCCUPATIONAL DISEASE REPORTING IN MICHIGAN

DON W. GUDAKUNST, M.D., Dr.P.H.
State Health Commissioner

KENNETH E. MARKUSON, M.D., C.P.H.
Assistant Director, Bureau of Industrial Hygiene

JOHN M. HEPLER, C.E.
Industrial Hygiene Engineer, Bureau of Industrial Hygiene

LANSING, MICHIGAN

The first year of occupational disease reporting under the amended occupational disease reporting law* was brought to a close on November 1, 1938. This law provides that every physician, hospital superintendent or clinic registrar shall report to the State Health Department any case of occupational disease within ten days of its recognition. A total of 1,193 reports were received during the year, 1,008 of which were accepted as representing true cases of occupational diseases.

This is a summary of the information obtained from these reports and an analysis of the compiled data by the source of reports, the race, sex and nativity of the patients and the frequency of the reported diseases.

Source of Reports

Table I shows the geographical distribution of the reports received and indicates the number of physicians by counties who have been responsible for these reports. It will be noted that only 34 of the 83 counties in Michigan have sent in reports of occupational diseases and only seven counties have supplied more than ten reports. Genesee and Wayne counties together reported 807 cases, or 80 per cent of the entire number received. Wayne county, including the city of Detroit, reported 400 cases or 39.7 per cent of the total. Some industrial counties such as Bay, Gratiot and Macomb have furnished no reports while Midland, Monroe and St. Joseph have been the source of only one report each.

Over the entire state, 154 physicians contributed reports during the year. This number represented only 2.5 per cent of the 6,142 physicians listed for Michigan in the 1938 American Medical Association directory. It is recognized that many physicians, especially those in rural areas, did not see cases of occupational diseases during the past reporting period. Nevertheless, judging from the experience of other states, at least five per cent of the registered physicians should have reported. During 1937, in the State of Ohio, where reporting has been in progress for many years, over eight

TABLE I. DISTRIBUTION OF OCCUPATIONAL DISEASE REPORTS BY COUNTIES AND NUMBER OF PHYSICIANS REPORTING

County	No. of Cases Reported	No. of Physicians Reporting
Barry	1	1
Berrien	20	3
Calhoun	8	4
Cheboygan	1	1
Delta	1	1
Dickinson	5	2
Emmet	1	1
Genesee	407	9
Gogebic	2	2
Hillsdale	2	2
Ingham	3	3
Iron	1	1
Isabella	1	1
Jackson	1	1
Kalamazoo	2	2
Kent	40	9
Lapeer	2	1
Lenawee	5	3
Manistee	2	1
Marquette	6	4
Mason	1	1
Midland	1	1
Monroe	1	1
Montcalm	1	1
Muskegon	10	5
Oakland	18	4
Ottawa	2	1
Saginaw	40	7
Shiawassee	3	2
St. Clair	13	4
St. Joseph	1	1
Van Buren	4	1
Washtenaw	2	2
Wayne (excluding Detroit)	42	16
Detroit	358	55
34 Counties No. Reports Accepted..	1008	154
No. Reports Rejected..	185	
Total..	1193	

*Act 210, Public Acts, 1937.

TABLE II. DISTRIBUTION OF REPORTED OCCUPATIONAL DISEASES BY ETIOLOGICAL FACTOR

(Number in parenthesis is item number in schedule of Workmen's Compensation Act)

County	(2) Lead	(12) Dope	(14) Chrome	(18) Miner's Disease	(22) Carbon Monoxide	(23) Acid Fume	(24) Petroleum Products	(25) Blisters & Abrasions	(26) Bursitis & Synovitis	(27) Dermatitis	(28) Hernia	(30) Silicosis	(31) Pneumoconiosis	Not on Schedule: Pharyngitis	Not on Schedule: Asthma	Not on Schedule: Sinusitis	Total
Barry										1							1
Berrien											1	19					20
Calhoun										7		1					8
Cheboygan			1														1
Delta										1							1
Dickinson												5					5
Emmet										1							1
Genesee	5							211	34	128	28			1			407
Gogebic												2					2
Hillsdale										2							2
Ingham							1			2							3
Iron										1							1
Isabella										1							1
Jackson										1							1
Kalamazoo					1							1					2
Kent	1					1		13		14	2	2	7				40
Lapeer										2							2
Lenawee					1					4							5
Manistee										2							2
Marquette											5	1					6
Mason										1							1
Midland															1		1
Monroe										1							1
Montcalm										1							1
Muskegon								1		3		6					10
Oakland	1								9	4	3	1					18
Ottawa										2							2
Saginaw			1	1				13	7	16			2				40
Shiawassee										2	1						3
St. Clair										3		10					13
St. Joseph										1							1
Van Buren					1					2			1				4
Washtenaw	1									1							2
Wayne	1		1		1					8		23	7			1	42
Detroit	75	1			5	1		2	16	84	63	99	12				358
Total	84	1	3	1	9	2	1	240	66	296	103	170	29	1	1	1	1008

per cent of the physicians submitted occupational disease reports.

Distribution of Case Reports by Disease

The distribution of reported cases by disease is presented in Table II. Only three of the 1,008 accepted reports did not appear on the schedule of the 31 diseases made compensable by the Workmen's Compensation Law. The remaining 1,005 cases appeared under only 13 divisions of the schedule and no cases were reported for the remaining 18 divisions.

Dermatitis and skin affections, including blisters and abrasions, accounted for 536 cases or 53.2 per cent of all reports submitted. Next in order of frequency were silicosis with 170 cases (16.8 per cent); hernia, 103 cases (10.2 per cent); lead poisoning, 84 cases (8.3 per cent); bursitis and synovitis, 66 cases (6.5 per cent); and pneumoconiosis, 29 cases (2.9 per cent). Each of

TABLE III. OCCUPATIONAL OR CAUSATIVE AGENT OF REPORTED CASES OF DERMATITIS

Acid	6
Brass	3
Buffing	5
Cement	7
Chemicals (specified)	11
Cloth Fabric	6
Dyes and Dye Products	4
Flowers and Bulbs	3
Foodstuffs	10
Ink	4
Leather	1
Metal	6
Oil, Grease and Cutting Compounds	159
Paint, Lacquer, Enamel, Varnish, Thinner	8
Permanent Wave Solution	2
Petroleum Products	28
Plating	5
Rubber Compounds	5
Soap and Cleaning Compounds	16
Sugar Manufacture	1
Welding	1
Wood	4
Wood Alcohol	1
TOTAL	296

the seven remaining disease classifications, including the non-scheduled group, was responsible for less than one per cent of the total number of reported cases.

The 23 agents or classes of agents reported as causing the 296 cases of occupational dermatitis are listed in Table III. Oil, grease and cutting compounds gave rise to 159 reported cases; petroleum products accounted for 28 cases; soaps and cleaning compounds 16 cases; chemicals (specified) 11 cases and foodstuffs 10 cases. The remaining 72 cases were distributed among 18 causative agents.

In most states, dermatitis and skin affections have accounted for more than 60 per cent of all reported cases of occupational diseases. In Michigan, the rate was 53.2 per cent for the year ending November 1, 1938. Since this represents the first year of reporting in this State under the amended reporting act, the slightly lower percentage of dermatitis reports as compared with that of other states probably is not significant. The greatest single cause of dermatitis in industrial states where reporting has been in effect for some time is "soaps and cleaning compounds." In this state, where mechanized industry is highly developed, the fact that approximately 54 per cent of the 296 reported cases of dermatitis were caused by oil, grease and cutting compounds may be significant.

Distribution of Cases by Race, Sex and Nativity

An analysis of reported cases by race, sex and nativity of the patients is given in Table IV. The 1,008 reported cases include 688 native white males, 245 foreign-born white males, 29 Negro males and 34 white females. Approximately 60 per cent of the reports received for Negro workers were reports of silicosis, which suggests that Negro labor is extensively used in the dusty trades. It should be noted, however, that the total number of reports received of occupational diseases among Negroes is very small and there is reason to believe that many cases of occupational diseases in this group are not being reported.

The high rate of silicosis among the foreign-born white workers who have settled in Michigan may reflect their early exposure to silicious dusts in their native countries while employed as miners, quarrymen, stone cutters, et cetera. Undoubtedly, many foreign-born workers were given employment in the dusty trades and similar occupations upon arrival in this country, and this also may contribute to the higher silicosis rate in this group.

Distribution of Cases by Industrial Classification

Table V indicates the distribution of reported cases of occupational diseases according to diagnosis and industrial classification. Seven hundred fifty-six or 75 per cent of all cases reported are charged to "transportation equipment" which includes the manufacture of automobiles, automobile bodies, parts, trucks, trailers, tractors, motorcycles, ships, wagons, et cetera; 112 cases are charged to the manufacture of "metallic mineral products"; 34 cases to "domestic and personal service"; 21 cases to "transportation"; 16 cases to "food and allied products"; and 15 cases to "mining and quarrying." The remaining 13 items in the classification, together with six cases of unknown industrial origin, account for 5.3 per cent of the reports received.

Reports Not Acceptable

As indicated earlier in this discussion, 185 reports received during the year were rejected. These reports did not contain sufficient information to warrant their acceptance as representing diseases of occupa-

TABLE IV. OCCUPATIONAL DISEASES REPORTED BY SEX, RACE AND NATIVITY FOR STATE OF MICHIGAN

October 29, 1937-November 1, 1938

DISEASE	ALL CLASSES			Native White		Foreign Born White		Negro		Other Races		Unknown
	Total	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
(2) Lead Poisoning	84	83		44						2		1
(12) Dope Poisoning	1	1		1								
(14) Chrome Poisoning	3	3		3								
(18) Miner's Diseases	1	1				1						
(22) Carbon Monoxide	9	8		7		1						1
(23) Acid Poisoning	2	2		1		1						
(24) Petroleum Products	1	1		1								
(25) Blisters & Abrasions	240	236	1	210		22	1	4				3
(26) Bursitis & Synovitis	66	63	3	52	3	11						
(27) Dermatitis	296	264	29	229	28	32	1	3				3
(28) Hernia	103	102	1	75	1	24		3				
(30) Silicosis	170	169		52		99		18				1
(31) Pneumoconiosis	29	29		11		17		1				
Not Scheduled	3	3		2		1						
TOTAL	1008	965	34	688	32	245	2	29		2		9

TABLE V. OCCUPATIONAL DISEASES REPORTED BY CLASSIFIED INDUSTRIES FOR THE STATE OF MICHIGAN

October 29, 1937-November 1, 1938

INDUSTRY	OCCUPATIONAL DISEASES*														
	2	12	14	18	22	23	24	25	26	27	28	30	31	NS	TOTAL
1. Petroleum & Gas Wells															
2. Mining & Quarrying				1							4	9	1		15
3. Chemical & Allied Prod.	1									2		2	1	2	8
4. Textile Industries										2					2
5. Food & Allied Prod.								1		12	1	2			16
6. Transportation Equip.	78	1	2		1	1		224	58	212	94	78	6	1	756
7. Metallic Mineral Prod.	3					1		14	6	22	1	50	15		112
8. Non-Metallic Min. Prod.															
9. Wood & Wood Substitutes										4			1		5
10. Print., Pub. & Lithograph.										2					2
11. Paper & Paper Products										1					1
12. Electric Machine & Sup.												3			3
13. Leather Products			1							2					3
14. Rubber & Rubber Goods								1	2	5					8
15. Stone, Clay and Glass										4		1	2		7
16. Miscellaneous Industry							1			4		4			9
17. Transportation					7					8	2	3	1		21
18. Communication															
19. Domestic & Personal	2				1					16	1	13	1		34
Unknown												5	1		6
TOTAL DISEASES	84	1	3	1	9	2	1	240	66	296	103	170	29	3	1008

*Numbers at top of column refer to occupational diseases listed numerically in Table IV.

tional origin. Examples of rejected cases are: cardiac enlargement, fracture, sacro-iliac strain, soreness, lameness, tender thumb, puncture wound, influenza, pleurisy, herpes zoster.

The amended occupational disease reporting act specifies that: "An occupational disease, for the purpose of this statute, is an illness of the body which has the following characteristics:

1. It arises out of and in the course of the patient's occupation.
2. It is caused by a frequently repeated or a continuous exposure to a substance or to a specific industrial practice which is hazardous and which has continued over an extended period of time.
3. It presents symptoms characteristic of an occupational disease which is known to have resulted in other cases from the same type of specific exposure.
4. It is not the result of ordinary wear and tear of industrial occupation or the general effect of employment or the kind of illness that results from contacts or activities in life outside of the patient's occupational pursuits."

Comment

It is evident that reporting of occupational diseases in this state is far from complete. Furthermore, it appears that physicians are being guided unduly in their reporting by the schedule of 31 diseases made compensable by a recent amendment to the Workmen's Compensation Law; only three of the 1,008 acceptable reports did not correspond to the items on this schedule. Analysis of the occupational disease reports received during this first year's experience under the amended law leads to the following observations:

(a) Some cases of occupational diseases known to the Department of Health have not been reported.

(b) Some physicians have reported all disease states, including many of non-occupational origin.

(c) Some physicians have reported only those occupational diseases that led to loss of time from work.

(d) Some physicians have reported only those occupational diseases that are compensable under another act providing compensation for selected occupational diseases. (Act 61, P. A. 1937.)

(e) Some physicians, apparently, have properly reported all occupational diseases as defined by the reporting law.

The prime purpose in reporting is to provide information as to what occupational diseases occur in the state and under what circumstances they may arise. All diseases resulting from exposure to harmful substances or conditions associated with any occupation or industrial activity should be reported even though they may not appear on the present schedule of compensable diseases. The reporting of only those diseases found on the compensation schedule is not sufficient since information on the occurrence of other occupational diseases in the state may lead to the addition of new items to the schedule. Furthermore, non-disabling as well as disabling diseases should be reported in order that this department may determine both the severity and frequency of occupational diseases occurring in the State of Michigan.

The following suggestion is made in conclusion: Any affection arising out of occupation that will meet the definition of an occupational disease set forth in the amended reporting act as quoted above should be reported to the State Health Department regardless of its presence or absence on the schedule of compensable diseases, the degree of disability it produces or the amount of lost time it incurs.

For the convenience of all persons required by law to report occupational diseases, several reporting forms were sent to all registered physicians known to be practicing in the state at the time the amended reporting law became effective. In case these forms were not received, or the original supply has been exhausted, additional blanks will be furnished upon request directed to the Bureau of Industrial Hygiene, Michigan Department of Health, Lansing or the Bureau of Industrial Hygiene, Department of Health, Detroit, Michigan.

DEPARTMENT OF INTERNAL MEDICINE
UNIVERSITY OF MICHIGAN
STAFF CONFERENCE

F. B., a retired farmer, aged seventy-two, was readmitted to the University Hospital on January 11, 1939, complaining of pain in the right upper quadrant of the abdomen. He had been well until 1929 when weakness developed insidiously and associated with this was ease of fatigue and vertigo. Dyspnea and palpitation caused a restriction of activities but after the progression of these symptoms for three months, there was spontaneous improvement followed by a relapse six months later. There was extreme pallor, a weight loss of 35 pounds, and anorexia in addition to his previously experienced symptoms. He was given ventriculin for seven weeks following which he showed marked improvement, then the medication was discontinued. His course was uneventful except for intermittent soreness of his mouth and tongue until he acquired influenza in 1931, following which all of his symptoms reappeared in addition to coldness and numbness of his fingers and toes. He had been having occasional attacks of moderately severe substernal, epigastric and right upper quadrant pain since 1929. These attacks were not related to exertion nor to his other symptoms, but appeared at any time and were accompanied by anorexia and occasionally by chills and fever. After two to three days he would again be free from this discomfort.

He was first admitted to the University Hospital on October 30, 1932, after ventriculin and oral liver therapy had failed to induce a remission. At that time his findings were: T. 101° (F), P. 94, R. 24, and B.P. 122/64. He was an elderly man, rather poorly nourished, who appeared chronically ill. His skin was pale and slightly icteric. There was no peripheral edema. There was an arcus senilis with unequal sized pupils which reacted well to light and accommodation. There was moderate sclerosis of the retinal vessels. His mouth was edentulous, the tongue clean and smooth with obvious atrophy of the papillæ. His chest was emphysematous but free from adventitious sounds. The heart was slightly enlarged but there were no abnormalities except a soft systolic murmur heard at the apex. The liver was palpable 6.5 cm. below the costal margin in the right mid-clavicular line. The edge was firm and smooth but not tender. The spleen was not palpably enlarged. The knee and ankle jerks were obtained; the vibratory sense was diminished over the legs and feet. There was no demonstrable Rombergism.

There was no family history of any blood dyscrasia and the past history was non-contributory.

Laboratory findings in 1932: R.B.C. 1,500,000 per cu. mm.; W.B.C. 4,500 per cu. mm.; Hb. (Sahli) 27 per cent (3.8 grams). Differential: Neutrophils 59 per cent, small lymphocytes 17.5 per cent, large lymphocytes 16.5 per cent, eosinophils 1 per cent, monocytes 5.5 per cent, and blast cells 6.5 per cent. There was anisocystosis and poikilocytosis of the R.B.C. The Price-Jones curve indicated that very small and very large red blood cells were present, and that the largest percentage of them measured 9.5 microns. The platelets were decreased in number. The blood Kahn was negative. Blood bilirubin 1.5 mgm. per 100 c.c. Gastric analysis after 0.5 mgm. of histamin (hypodermically) showed an achlorhydria. The urine and stool examinations were negative. Electrocardiogram was not definitely abnormal.

Course in the hospital and after discharge: As therapy he received weekly injections of intravenous liver extract. Following the first injection the reticulocytes rose to a maximum of 36.5 per cent five days later. There was marked symptomatic improvement and at the time of discharge on November 12, 1932, his blood showed 2,500,000 red blood cells per cubic millimeter, hemoglobin of 37 per cent. For the past six years his blood has been maintained within normal limits by means of 20 c.c. of intravenous liver extract at monthly intervals. During the first year he gained 30 pounds but has maintained his weight since then.

When he was readmitted on January 11, 1939, he was having recurrent attacks of right upper quadrant abdominal pain with radiation to between the shoulder blades, associated with belching, flatulence, and occasionally vomiting. There were also rare attacks of precordial discomfort which radiated down the left arm.

The physical examination was the same as in 1932.

Laboratory findings: R.B.C. 5,700,000 per cu. mm.; W.B.C. 8,000 per cu. mm.; Hb. 96 per cent (15.2 grams). Hematocrit 48 per cent. Mean corpuscular volume 84 cubic microns. Blood bilirubin 2.9 mgm. per 100 c.c. The electrocardiogram was not definitely abnormal. Roentgen-ray examination showed a normal upper gastro-intestinal tract and non-visualization of the gall bladder without evidence of stone.

Discussion

DR. CYRUS C. STURGIS: Mr. B., do the injections you receive in the arm ever bother you?

PATIENT: They seem to go to my head and cause dizziness for a few minutes. Once I had a chill after leaving the hospital. Occasionally I have a peculiar taste in my mouth.

DR. STURGIS: This patient brings up some very interesting points. First, about the treatment of pernicious anemia. In the present illness it states that ventriculin and oral liver extract failed to induce a remission. This occurs in only a small percentage of cases. As the oral therapy failed he has been given, for approximately six years, monthly intravenous injections of liver extract and these have maintained his blood within normal limits over that entire period. The intravenous method is not one that we recommend for routine treatment because occasionally it causes a reaction characterized by a peculiar taste in the mouth, dizziness, and severe chill followed by a febrile reaction. Although I have never seen any serious results from these, they may be disconcerting to both the patient and his physician. It has the advantage, however, of maintaining the blood by giving injections as infrequently as once a month. In general it can be said that the intramuscular injection of liver extract is the treatment of choice, for the blood can be maintained at a normal level by

giving injections at intervals of one to three weeks and they do not cause either a local or general reaction. This patient has some minor cord changes but in the six years that we have observed him these have not progressed. The important thing to accomplish is to maintain the blood at a *high* level of normal and keep the red blood cells normal in size. The last mean corpuscular volume determination in this patient was 84 cubic microns, which is within normal limits. I think that when the blood count is just a little below normal, progression in cord changes may occur.

In treating patients with highly purified and concentrated liver extracts, it is entirely possible, but unproven, that one may be losing something in the refining process which has a desirable effect on the spinal cord changes. It must be said of this impression that it is lacking in definite proof.

This patient, seventy-two years old, has had pernicious anemia for six years or more; if he continues to do what we advise, he will not die of pernicious anemia. I have just completed a study of 120 records of our fatal cases who have been observed at the Simpson Memorial Institute in the last ten years. Approximately 10 per cent of our patients, whom we have observed during the past ten years, are dead. About one-half of the patients died of spinal cord changes or complications associated with them. Many had advanced spinal cord changes when we first observed them. A fairly large number failed to follow our directions in regard to therapy for it is difficult to take medicine when one has no complaints, and the symptoms of anemia do not appear until the red blood cell count falls below 3.5 millions per cu. mm. When the red blood cell count falls to this level or lower, there may be progression of cord changes. So far, I have never seen a patient with progression of spinal cord changes whose blood was maintained constantly at a high normal level. The remainder of the fatal cases died of various diseases, chiefly of the ones which are common in people of this age group, such as hypertension, congestive heart failure, cancer, pneumonia and other conditions which are not directly related to pernicious anemia. It is interesting to note, however, that although many of these patients died of diseases which were only coincidentally associated with pernicious anemia. nevertheless most of them did not live out their normal life expectancy.

This man has symptoms which might be due to coronary artery disease although we cannot prove this. The literature emphasizes the possible relationship of angina pectoris and pernicious anemia but the two conditions have rarely been associated in our group of about 800 cases. When they do coexist, I think there must be an anemia plus some degree of narrowing of the coronary vessels and it is usually the combination of the two which gives the symptoms of angina pectoris; an anemia alone could not cause it. It is entirely possible that this patient may have a cholecystitis or cholelithiasis, as these conditions are not uncommon complications of pernicious anemia.

Dr. Goldhamer, would you like to discuss this case?

Dr. S. Milton Goldhamer: It seems to me that, while much time has been directed toward perfecting the treatment of pernicious anemia, more effort should be made to find out the etiology of pernicious anemia. We have some information relative to the physiology of the stomach which suggests a theoretical explanation. The majority of the patients with pernicious anemia are above the age of 45. Patients above this age normally may have an achlorhydria, so that it is conceivable in these individuals with pernicious anemia, in addition to the above deficiency, they may have a "failing stomach" whereby they do not make enough of the intrinsic factor. We also know that in people who do get pernicious anemia the gastric juice is markedly decreased and as the disease improves there is a partial return of function as evidenced by the increase in gastric juice volume. One individual I studied for 90 days; as the blood count improved to normal, the average gastric juice volume increased to about 100 c.c. per hour from 20 c.c. per hour. There is some effect on the function of the stomach by the anemia as well as the stomach deficiency being a factor in the production of the anemia. This is also seen in pernicious anemia of pregnancy. We had a patient who had a red blood cell count of 900,000 per cu. mm., and with a high protein diet alone the anemia was alleviated. It might be that the pregnancy causes the drop in the gastric juice secretion with a decrease in the intrinsic factor. We know that she had a deficient extrinsic factor because her diet was markedly low, and the combination of those two factors caused the anemia.

We have a patient at present in whom we are unable to explain the reticulocyte response. She had a reticulocyte peak of 16 per cent with normal diet plus 90 grams of yeast. The vitamin B complex was removed before feeding. There was no response as far as the total blood count was concerned, in spite of the reticulocyte response. She gained 12 pounds in weight. Now we have put her on ventriculin and the reticulocyte response averages about 11 per cent. The red cell count is gradually increasing but the patient is losing weight.

Dr. Sturgis: This importance of the intrinsic factor in the gastric secretion in relation to the formation of red blood cells is a concept which has only been developed in recent years by W. B. Castle. There is no question about the accuracy of this work but it should be emphasized that a diminution, as well as an absence, of this factor is important in the causation of the anemia of pernicious anemia.

Another point in relation to the etiology of pernicious anemia should be stressed. It is known that in a certain number of patients with pernicious

anemia there is a reticulocyte response and a disappearance of the anemia following the feeding of large amounts of yeast which contains the extrinsic factor. Why some patients respond to yeast and others do not, we do not know. Is the great excess of extrinsic factor able to react with very small amount of the intrinsic factor? Would it be possible to give a pernicious anemia patient some stimulant to increase gastric juice which would cause a beneficial effect? Would a substance which increases the secretion of hydrochloric acid likewise increase the amount of intrinsic factor?

DR. HENRY FIELD, JR.: Cord changes quite similar to the cord changes in pernicious anemia patients symptomatically can be produced in people by the deficiency of the vitamin B complex. We have discussed the adequacy of these highly purified yeast extracts. Elsom in Philadelphia reported some cases of pernicious anemia of pregnancy. Patients on inadequate diets developed symptoms among which were those expected in cord changes in pernicious anemia, and the symptoms were relieved when they gave the whole vitamin B complex. I think we lack the concrete evidence on that. My curiosity was stimulated not only because of the cord changes of pernicious anemia of pregnancy with vitamin B deficiency, but also because of two patients that I have seen who had the cord changes with a secondary type of anemia—microcytic anemia. Both had achlorhydria and there has been experimental production of cord changes following a gastrectomy in certain animals. What the relationship is I do not know.

The literature on posterolateral sclerosis describes patients without pernicious anemia who have achlorhydria.

DR. GOLDHAMER: It is interesting to note that patients with pernicious anemia develop cord changes with loss of weight; yet, in patients with malignancy where the loss of weight is marked, they do not have any cord changes.

DR. RAPHAEL ISAACS: The blood now shows a relative increase in polymorphonuclear neutrophils (86 per cent) with an increase in the number and percentage of monocytes (10 per cent). There is an unusual decrease in the number of lymphocytes (4 per cent of 8,000). The blood suggests involvement of the liver in the disease process, and pyogenic infection is present. The blood picture is not incompatible with a hepatitis, possibly secondary to a gall-bladder lesion.

DR. FRANK H. BETHELL: The failure of this patient to derive the anticipated benefit from the oral administration of potent medication in dosage adequate for the majority of persons with pernicious anemia suggests consideration of another factor in the regulatory mechanism of hemopoiesis. This factor is the variable capacity of the intestine to absorb the hemopoietic substance. It is known that persons without evidence of gastric abnormality or diminished secretion of Castle's intrinsic factor may, as the result of short-circuiting operations on the intestinal tract, jejuno-colic fistulas or prolonged diarrhea, develop severe macrocystic anemia amenable to parenteral liver therapy. It may reasonably be assumed that patients with true pernicious anemia may have their already limited capacity to develop red blood cells more severely restricted by relatively minor disturbances of digestion. The variations in dosage of oral preparations required for satisfactory maintenance of the red blood cell level in pernicious anemia, which are much greater than those of parenteral therapy, support this assumption. Of 69 patients observed at the Simpson Memorial Institute for a period of at least six months and receiving regularly the prescribed dose of ventriculin, extralin or oral liver extract, nine failed to attain a red blood cell level of 4,000,000 and 34 showed persistent macrocytosis as evidenced by mean corpuscular volume values greater than 96 cubic microns. Of 54 patients observed under comparable conditions but treated with parenteral liver preparations, either by intravenous or intramuscular administration, and including the use of both concentrated and dilute extracts, none failed to exceed a red blood cell count of 4,000,000 and in only six was the mean corpuscular volume above 96 cubic microns.

DR. STURGIS: Let me add just a few brief remarks about the diagnosis of pernicious anemia. It is a disease which can be recognized with a great degree of accuracy if sufficient time is available for studying a patient. In addition to the symptoms and signs which are common to all the anemias, such as weakness, dyspnea, palpitation, pallor and occasionally edema of the ankles, there are seven other cardinal diagnostic points of the disease. These are (1) achlorhydria; (2) macrocytosis; (3) high color index; (4) the response to patent anti-pernicious anemia therapy; (5) paresthesia; (6) recurrent glossitis; and (7) leukopenia, or the absence of a leukocytosis. These are usually recognized or eliminated without difficulty; and, if all or even a majority of them are present, then the diagnosis of true Addisonian pernicious anemia is at once apparent.

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"Every man owes some of his time to the upbuilding of the profession to which he belongs."

—THEODORE ROOSEVELT.

EDITORIAL

THE NATURE OF CANCER AND THE PHYSICIAN'S RESPONSIBILITY*

CANCER begins as a local disease. It is characterized by atypical proliferation of the patient's own body cells, producing a new structure which serves no useful purpose, has unlimited power of growth and is never self-healing. If it is discovered early, and removed or destroyed, cure is complete. If allowed to spread to essential organs or to produce distant foci through transportation in the blood or lymph, cure may be impossible.

For several years the Cancer Committee of the Michigan State Medical Society has been engaged in making these essential facts in regard to the nature of cancer available to the public. By press releases, feature articles, illustrated lectures and radio talks the message has been broadcast. The Women's Field Army has now become such an important ally in this endeavor that it bids fair to assume the major burden of lay education. Dissemination of knowledge about cancer, its nature, early manifestations and its curability, has not created any new responsibilities for the physician, but has made it more imperative than ever before that he recognize and meet the social, economic and professional responsibilities which this disease has placed upon him. Some physicians who read this page will say that they have no interest in cancer, that they do not see cancer in their practice. It is difficult to understand how any man with an active practice can fail to have frequent professional contact with malignant neoplasms. There are at least 25,000 cases of cancer in Michigan today. There are probably 8,000 new cases each year, and each week about 100 deaths from cancer are recorded in Michigan. Moreover, the increasing proportion of our population reaching the "cancer age" and the success in preventing and alleviating other diseases has created a greatly increased potential liability to cancer. These trends are still continuing and our responsibilities are increasing in magnitude each year.

It is realized that the original responsibility for the early diagnosis of cancer rests with the patient. It is precisely for this reason that lay education is essential. The physician cannot initiate action. His client must come to him because of a mass, an abnormal discharge, a sore which does not heal, a new form of indigestion, a change in the bowel habit, or some other less frequent complaint. Whether asked or not, the question is always there. "What is it? Is this a sign, a symptom, of cancer?" And the patient is entitled to an answer without delay!

Thus the first responsibility of the physician is that of securing prompt and def-

*The importance of early diagnosis as well as the institution of early treatment, either surgical or x-ray, cannot be over-emphasized. This editorial is the first of a series on the subject written by a member and sponsored by the Cancer Committee of the Michigan State Medical Society.—EDITOR.

inite diagnosis. The woman who has discovered a lump in her breast should receive professional service of a different quality than did the patient who was told by her family physician to come back in six weeks to see whether the lump had changed. Fortunately that patient herself knew that such advice was thoroughly bad and turned elsewhere for assistance. Not so the wife who took her husband from doctor to doctor seeking relief from his intractable "stomach trouble." Not until the thirteenth physician was consulted, and after a loss of more than a year of valuable time, was the roentgenological study advised which revealed a then inoperable carcinoma. Delay in securing a diagnosis is added to the unavoidable delay between the onset of the disease and the first medical consultation; and delay frequently makes cure impossible.

A statement so frequently reiterated tends to lose force, but it is still absolutely true that the fate of the cancer patient usually rests in the hands of the physician who sees him first.

The second responsibility of the physician to the patient develops immediately upon making the diagnosis. Therapeutic management must be mapped out. Everyone knows that the recognized methods of curing cancer are removal by the knife or cautery and destruction by radium or x-rays. How these agents are to be used, and how they may be combined, may raise difficult questions which require the collaboration of specialists. Treatment should be adequately conceived for the first attempt. A second opportunity to cure a cancer is seldom granted.

There is a third responsibility which frequently must be borne alone by the family physician, and which makes a heavy draft upon his resources in both the art and the science of medicine. This is the care of the patient with incurable cancer. Much can be done in maintaining the general physical state, in mitigating pain and particularly in sustaining morale. The writer has recently observed the final days of a patient with inoperable malignancy who kept up his professional and intellectual interests to the very end. It is possible to die of cancer courageously, and the physician who is adequately meeting his responsibilities will help make this possible.

SUPERVOLTAGE X-RAY THERAPY

DETROIT is soon to have an institute for the study and treatment of malignant disease. It is to be under the control of the medical department of Wayne University. Just the extent of the venture, we do not at this time know. Chicago has its tumor institute which is well under way.

The treatment of malignant disease opens up a vast field for study and research which can be carried on adequately only in such an institution of concentrated effort of pathologist, x-ray and radium therapist and physicist. To quote from the brochure sent out recently by the Chicago Tumor Institute:

"Although much progress has been realized during the last fifteen years in the application of x-rays and radium to cancer, our knowledge of the subject is still in its infancy. Those who have had the greatest experience with this problem are the first to recognize the limitation of our knowledge and the importance of exploring very thoroughly and very deeply the fundamental principles of radiation and the techniques of its administration. The tendency to pursue a fixed technique in the radiation of all forms of cancer is to be avoided."

Dr. M. J. Hubeny, in a brief review of the progress of roentgenology, makes the following statement: "Supervoltage therapy, notwithstanding its widely heralded theoretical advantages, is still to be proved of sufficient value to warrant the installation of the necessary apparatus." He goes on to say, however, that close coöperation of groups, each consisting of a radiologist, special surgeons, pathologist and physicist, will after years of diligent observation, establish the degree of its usefulness.

The proposed institute in Detroit is in the right direction as the study and research feature is from the very nature of the problem an institutional rather than a private function.

DR. T. E. DeGURSE

DR. T. E. DeGurse of Marine City, the newly appointed councillor for the seventh district, who succeeds Dr. Heavenrich, was born in Lambton County, Ontario, in

DR. T. E. DEGURSE
Councilor for the Seventh District of Michigan

1873. He was educated at Assumption College, Sandwich, and the Detroit College of Medicine, where he was graduated in 1895. Dr. DeGurse has had a very busy career and he is in the truest sense an all around citizen. We can predict without reservations that the seventh councillor district will have an able representative in Dr. DeGurse, whose viewpoint is that of a physician in active practice of medicine.

He served in Porto Rico during the Spanish American War. He was health officer of Marine City for thirty years and served a year and a half during 1919-20 as full-time health officer in St. Clair. In 1927, Dr. DeGurse was appointed acting assistant surgeon to the U. S. Public Health Service. He has practiced his profession in Marine City since his graduation, except his year in service in Porto Rico and his period as health officer in St. Clair as mentioned. He was for thirty years surgeon of the Rapid Railroad and is at present local surgeon for the Bell Telephone, and Detroit Edison Company, as well as Industrial Surgeon for Standard Products Company. Dr. DeGurse has been president of the St. Clair County Medical Society on two different occasions, and from 1932 to 1938, he was alternate delegate to the American Medical Association. He is at present mayor of Marine City, where he was first elected in 1935. During Dr. DeGurse's incumbency as mayor of Marine City, his city has a filtration plant with a capacity of 2,500,000 gallons. During his incumbency as mayor, two fine parks have been laid out and landscaped. Dr. DeGurse has a winning personality, which, along with his ability, has attracted a large practice. His experience and practical business outlook will be an asset to the Michigan State Medical Society.

ON THE WITNESS STAND

THIS is the title of a brochure of sixty-four pages by J. Weston Walch, a layman who has studied the problem of medical care from all angles. It has had a large circulation in the state of New York and by special arrangement with the medical society of the state of New York which holds the copyright, it is now available to the state of Michigan. Copies have been mailed to members of the Michigan State Medical Society under the sanction of the Public Relations Committee of the Society. As the number of copies procured is limited, each doctor should peruse his brochure thoroughly and pass it on to appreciative laymen. We know of no clearer or more concise as well as truthful presentation of the subject of socialized and individualistic medicine. The method of presentation is that of question and answer; hence the title. There are 126 questions completely and convincingly answered. The answers are the result of consultation of numerous books and pamphlets as well as reports of foundations and committees. The answers are also based on replies to questionnaires to governors, local and state health officers, college professors, hospital executives, as well as private physicians.

The author has also written a book for young debaters in high schools and colleges in which he presented both sides to the controversy in equal space. It will be remembered that a couple of years ago the subject of socialized medicine was one of much debate in the schools. In his book

he tried to be neutral. His study and assembly of the data soon convinced him that the people of the United States were on the whole healthier than those of countries in which compulsory health insurance prevailed; furthermore, that compulsory health insurance did not render satisfactory medical service. Since *On the Witness Stand* was written, the report of the Surgeon-general of the United States Health Service has appeared. We have commented on it in the February number of this JOURNAL. The satisfactory condition of public health in this country is largely the result of patient prolonged, untiring efforts of the medical profession in apprehending disease in its early stages, rounding up infectious diseases and aiding quarantine. Every doctor practices and has practiced preventive medicine. Sanitation has also been an important factor, but without the practice of preventive medicine by the individual physician, organized health departments, civic or state, would be greatly handicapped.

Read *On the Witness Stand* and pass it on. It speaks for the physician more forcefully than he can speak for himself.

CAMERA FANS' HANDS

If you are a camera fan and develop your own pictures, look at your hands! If there be a skin rash that resembles that from poison ivy, the possibility is that your developers may be the cause. At all times numbers of amateur photographers are wondering what may be the cause of a dermatitis on their hands. The common cause may be found in the dark room. Among other developers are pyrogallic acid, metol, hydroquinone, amidol, rodinal and elon. Several of these substances are well known skin irritants.

Experience is the best teacher but often the most expensive. The professional photographer long ago has learned the necessity of wearing gloves to avoid hand contact with some developers. The enthusiastic amateur photographer needs to carry out the same precautions as the professional. Always wear rubber gloves when doing developing. If, for some reason, this is impractical, then rinse the hands after every contact with the developer. If a dermatitis appears only after the use of some one developer, avoid the use of this irritant and depend upon other types of chemicals.

Dr. Carey P. McCord, Director of the Bureau of Industrial Hygiene of the Michigan Department of Health, states that in addition to skin diseases of the hands and forearms from developers, other skin diseases may arise among amateur photographers who utilize toning solutions containing salts of gold and platinum. Chromate solutions, as used in photographic work, may produce typical "chrome holes." These resist all treatment and may persist for months. Dr. McCord states that the ordinary brownish skin discoloration common to many photographers who do their own developing is not particularly important, but on occasion, this condition may be followed by a painful, itching skin rash characterized by hundreds of small water blisters. When this skin rash appears, avoid all contact with developers. When fully healed, wear gloves during all developing work. Better still, let the professional photographer do your developing.

OCCUPATIONAL CANCER

The influence of occupation upon the occurrence of cancer among workers is a fact little realized by the general public, according to Dr. Carey P. McCord, Director of the Bureau of Industrial Hygiene of the Michigan Department of Health. The incidence of the disease, he says, is much larger among workers long exposed to such industrial substances as petroleum oils, coal tars, arsenic, aniline and shale oil, than among the general industrial population.

The nation-wide system of compulsory reporting of occupational diseases in many European countries has revealed large numbers of cancer cases. Great Britain reported 811 cases between 1920 and 1927. In Europe high industrial cancer rates are found among workers engaged in chimney sweeping, briquette making, mining, mule spinning (a cotton spinning process), petroleum production and manufacturing and coal tar manufacturing and processing. In the United States greater mechanization of industry, improvement in industrial methods of handling raw materials and by-products and a higher standard of working and living conditions, have cut down the occurrence of this disease among industrial workers, he believes. In Ohio, where reporting has been required since 1913, only 11 cases have been recorded between 1920 and 1937.

Even in the face of such favorable comparison, Dr. McCord feels that the problem of occupational cancer in Michigan warrants specific attention so that early diagnosis may be made and the contributing factors identified.

HAVE YOU EVER WORRIED ABOUT A DOCTOR'S HEALTH?

"We called at the home of a doctor one evening recently. He had been out for several nights. Early in the evening the doctor had dropped sound asleep on a davenport in the living room—sleeping the sleep of the exhausted. We apologized and suggested that we would call another time . . . when the phone rang. He arose as in a trance and walked over to answer it. "Yes . . . yes . . . some temperature? . . . well, I'll be over right away."

Slowly he turned around. He stared at us, rubbed his eyes, and said, "Hello, when did you come?" The man was hardly awake as he hustled into his hat and coat and with an apologetic "I'll be back in a little while," he left for the home of some sick person.

Do you ever worry about your doctor's health? That isn't as ridiculous as it sounds. He may be rigid in his dictates about how you shall protect your health; he may prescribe an exact routine which will prolong your years . . . but, he is absolutely and almost criminally careless about his own health. He has schooled himself to forget his own well being to protect yours. He jeopardizes the future of his own wife and children to watch over yours.

"Yes," you reply, "but isn't he paid for it?" Is he? Doctors are short-lived. Their average expectancy of life is the lowest of the professional groups. They are valuable men in every community. We are not sure there is anything we can do about this but recognize it—and appreciate it. If socialized medicine and surgery becomes the rule, as some reformers would have it, we then would appreciate the family doctor."—*Lapeer County Press,* Michigan.

POSTGRADUATE COURSES FOR 1939

"A few physicians increase in knowledge from within and grow from their own doing. These are the innate investigators. The rank and file require outside help to grow and to progress. Books, meetings, contacts, discussions, teachers, are our armamentarium for progress. Like the 'spring tonic' of past days, all of us need some of this medicine at least annually, better if it comes more frequently. A large majority of physicians know their need and seek treatment."—HENRY A. CHRISTIAN, M.D.

Ann Arbor and Detroit

Courses	*All dates inclusive*
Anatomy	(Wednesdays) February 15—May 31
Electrocardiographic Diagnosis	April 3-8
Pediatrics	April 3, 4 and 5
Urology	April 10, 11 and 12
Proctology	April 13, 14 and 15
Gynecology, Obstetrics and Gynecological Pathology	April 10-14
Ophthalmology and Otolaryngology	April 20-26
The Care of the Diabetic	May 8, 9 and 10
Diseases of Blood and Blood-Forming Organs	May 11, 12 and 13
Allergy	June 19-23
General Practitioners' Course	June 26, 27 and 28
Pathology: Special pathology of neoplasms	June 26-July 7
Pathology of the female genito-urinary organs	July 10-21
Special pathology of the eye	July 24-August 4
Special pathology of the ear, nose and throat	August 7-18
Laboratory Technic	June 26-August 4
Summer Session Courses	June 26-August 4
Roentgenology	June 26-August 4
Roentgenology	October 30-Nov. 4
Neuropsychiatry (Administrators' and Specialists' Course)	April 3 and 4
Neuropsychiatry (General Practitioners' Course)	November 1, 2 and 3

EXTRAMURAL POSTGRADUATE COURSE

Beginning April 3 and continuing throughout the month of April in the following centers:

Ann Arbor	Lansing-Jackson
Battle Creek-Kalamazoo	Saginaw
Flint	Traverse City-Manistee-
Grand Rapids	Cadillac-Petoskey

Bulletin of postgraduate courses will be available shortly and will be sent upon request.

DEPARTMENT OF POSTGRADUATE MEDICINE

University Hospital, Ann Arbor, Michigan

President's Page

AUTONOMY

There is considerable misunderstanding on the part of some members of our society as to the purposes of the Enabling Acts and of the objectives of the Medical Security Corporation.

The thought and purpose is solely to make it legally possible for counties or communities to develop systems for the distribution of medical service on a voluntary prepayment basis strictly in accordance with their own local needs.

The Michigan State Medical Society proposes to develop a central organization separate from the Michigan State Medical Society to assist, to advise and to aid local areas when requested.

There is no intention of dictation or compulsion—I am unaware of any danger to your rights and prerogatives.

Yours truly,

Henry Luce

President, Michigan State Medical Society

Department of Economics

L. Fernald Foster, M.D., Secretary

THE NORTHWEST REGIONAL CONFERENCE

About one hundred fifty representatives of the seventeen participating states and the American Medical Association met at the Palmer House in Chicago, Sunday, February 12. The Conference, which meets annually, limits its discussions to questions of Medical Economics.

The Conference decided to change its name, eliminating the geographical designation now present. It also invited all state medical societies to become members of the participating group, which since its organization, has been limited to those of the mid-western area.

The Michigan State Medical Society was singularly honored at the 1939 Conference when its President, Dr. Henry A. Luce of Detroit, discussed on the program, "The National Health Conference," and when L. Fernald Foster, M.D., was elected president of the Conference for 1940, at which time the Michigan State Medical Society becomes host to the meeting in Chicago.

GROUP HOSPITAL SERVICE

The Michigan Society for Group Hospitalization, organized by the Michigan State Hospital Association and approved by the Michigan State Medical Society, has begun its operations in the field of hospital service.

The organization will provide twenty-one days of hospital service in any one year on the following basis:

Individual, 60c a month; husband and wife, $1.20 a month; entire family (with all children from age one year to nineteen years) $1.50 a month. Service in semi-private room will be available at the following rates: Individual, 75c a month; husband and wife, $1.50 a month; family, $1.90 a month.

The hospital service will include no professional services rendered by a doctor of medicine. It will consist of room and board, general nursing, operating room and interne service, ordinary drugs and dressings and certain technical services rendered by hospital employes.

COUNTY SECRETARIES' CONFERENCE

The Annual Conference of County Secretaries was held at the Olds Hotel, Lansing, Sunday, January 15. There was a large attendance of secretaries and guests present. The following topics and essayists made up the program.

J. J. McCann, M.D., Chairman, presiding.
"Greetings"—B. R. Corbus, M.D., President-elect, Michigan State Medical Society.
"Michigan's Group Hospital and Medical Care Plans."—L. Fernald Foster, M.D., Secretary Michigan State Medical Society.
"Our Legislative Forecast"—H. A. Miller, M.D., Chairman Legislative Committee, Michigan State Medical Society.
"Affairs of State"—Hon. Vernon Brown, Auditor-General, State of Michigan.
"Physicians in the Press and on the Aair"—Mr. Lee A. White, Public Relations Director, Detroit News.
"The Duties of a 100 per cent County Secretary"—Mr. Joe Savage, Executive Secretary, West Virginia State Medical Society.

REFUSING CALLS

"Is a doctor of medicine legally compelled to accept a call to render professional services?"

This question has been asked frequently in the past, both by physicians and laymen.

The Michigan State Board of Registration in Medicine advises there is no law, state or federal, that can compel anyone to accept work or render services against his will so to do. This opinion has been backed by the Michigan Attorney General's Department.

"However, if a doctor of medicine accepts a patient or promises to render services, he is responsible until such time as he discharges himself or is discharged by the patient, parent or guardian."

USE TAX

Of interest to all physicians in Michigan is the following excerpt from a statement of the State Board of Tax Administration, which administers the Michigan Sales Tax and Use Tax:

"As the Act is worded at the present time, all citizens and residents of this State are required to

pay a tax upon their purchases where no sales tax has been paid. This ordinarily means upon all purchases made from outside of the State of Michigan. In so far as doctors, physicians and surgeons are concerned, it would require that they pay tax on all their equipment, such as bandages, surgical equipment, office equipment and also medicines for the use of their patients which they purchase from outside of the State of Michigan. We are not making any concerted drive against any particular group or class of taxpayers. All residents of this State are presumed to know that the law is in effect and we have endeavored to advise all of the various types of associations, such as doctors, dentists, contractors, merchants, civic organizations, fraternal organizations, etc., of their liability under this law, and if at any time we find the law being violated, we feel it is our duty to insist that the law be complied with."

GOVERNMENTAL MEDICINE OPPOSED

The Pittsburgh Chamber of Commerce developed the following resolution which was forwarded to the President of the United States and all members of Congress from Pennsylvania:

"The Pittsburgh Chamber of Commerce, whose civic program on public health work has brought it into frequent contact with the medical profession and its various associations, wishes to publicly express its confidence in the principles and the purposes of the American Medical Association and the various affiliated medical groups that have been charged with violation of the Federal Anti-Trust Laws.

"The Chamber of Commerce feels that organized medicine is not hostile to, or active against, any adequate plan for bringing medical and hospital service to the public at reasonable cost. We cite in support of this stand the current coöperation of the Allegheny County Medical Society with Pennsylvania's Public Assistance Plan for Care of the Indigent Sick; its acceptance of group hospitalization insurance and its proposal to consider insured medical service for certain low income groups.

"This Chamber, however, stands with the Allegheny County Medical Society and other medical associations in opposing centralized government control through socialistic measures. We believe that such direction and control will prove extravagant and wasteful and is opposed to efficient service. It also tends to compete with current forms of medical practice and hospital service which are now under local and state sponsorship and is but another step toward un-American socialization of our accepted form of Government."

COUNCIL AND COMMITTEE MEETINGS

1. Wednesday, February 8, 1939—Legislative Committee—Pantlind Hotel, Grand Rapids—5:00 p. m.
2. Friday, February 10, 1939—Maternal Health Committee—Hotel Olds, Lansing—12:15 p. m.
3. Thursday, February 16, 1939—Advisory Committee on Syphilis Control—Hotel Statler, Detroit—6:00 p. m.
4. Sunday, February 19, 1939—Committee on Distribution of Medical Care—University Hospital, Ann Arbor—2:00 p. m.
5. Wednesday, February 22, 1939—Medico-Legal Committee—Hotel Statler, Detroit—4:30 p. m.
6. Wednesday, February 22, 1939—Executive Committee of The Council—Hotel Statler, Detroit—3:00 p. m.
7. Sunday, February 26, 1939—Executive Committee of The Council—Hotel Olds, Lansing—3:00 p. m.
8. Thursday, March 2, 1939—Legislative Committee—Hotel Statler, Detroit—2:00 p. m.
9. Sunday, March 12, 1939—Legislative Committee, Hotel Olds, Lansing—3:00 p. m.

PROPOSED VOLUNTARY GROUP MEDICAL CARE BILL

(House Bill No. 215) MICHIGAN

A Bill Introduced by Representatives Dora Stockman, James B. Stanley and Warren G. Hooper, on February 20.

To provide for and to regulate the incorporation of non-profit medical care corporations; to provide for the supervision and regulation of such corporations by the state commissioner of insurance; and to prescribe penalties for the violation of the provisions of this act.

Digest

Section 1.—Intent of act: "to promote a wider distribution of medical care, and to maintain the standing and promote the progress of the science and art of medicine in this state."

Section 2.—General purposes: Act permits formation of a corporation to establish, maintain, and operate a voluntary non-profit medical care plan whereby subscribers are entitled to medical and surgical care, appliances and supplies, in their homes, in hospitals, and in physicians' offices. Such other benefits may be added from time to time as the corporation may determine. Plan is subject to supervision by Commissioner of Insurance, but is not subject to Michigan laws with respect to insurance corporations or to the corporation laws.

Section 3.—Manner of subscribing to articles of incorporation: (This section was drafted by the Insurance Department.)

Section 4.—Fees which must be paid upon incorporation. (Drafted by Insurance Department.)

Section 5.—Plan to be submitted to Commissioner of Insurance for approval. (Drafted by Insurance Department.)

Section 6.—Commissioner of Insurance may inspect records of corporation. (Drafted by Insurance Department.)

Section 7.—Annual Report shall be filed with the Insurance Commissioner. (Drafted by Insurance Department.)

Section 8.—Board of Directors shall have representation from medical profession and the public.

Section 9.—Corporation has authority to provide all medical benefits, but may divide benefits into classes or kinds, and limit same in quantity and to certain areas, (to permit experiments in a few sections in order to develop the best possible plan.)

Section 10.—Each M.D. has the right to register with the corporation to provide medical service. The physician-patient relationship shall be maintained. No restriction shall be imposed on a doctor of medicine as to methods of diagnosis or treatment.

Section 11.—Provision for reasonable reserves. Funds shall be invested only in securities permitted life insurance companies. (Drafted by Insurance Department.)

Section 12.—Medical care shall be in accordance with the best medical practice in the community. "A non-profit medical care corporation shall not furnish medical care otherwise than through doctors of medicine."

Section 13.—Payments in whole or in part may be made in behalf of indigent and borderline subscribers by corporations, associations, groups, individuals, or governmental agencies; but each contract shall be with the subscriber (the patient.)

Section 14.—Existing legal rights of the patient and the physician are not to be disturbed.

Section 15.—The corporation is not an insurance company but "is hereby declared to be a charitable and benevolent institution," free from taxation.

Section 16.—Violation of provisions of act constitutes a misdemeanor.

Section 17.—Severing clause.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Section 1. It is the purpose and intent of this act, and the policy of the legislature, to promote a wider distribution of medical care and to maintain the standing and promote the progress of the science and art of medicine in this state.

Sec. 2. Any number of persons not less than seven, all of whom shall be residents of the state of Michigan, may form a corporation, under and in conformity with the provisions of this act, for the purpose of establishing, maintaining and operating a voluntary non-profit medical care plan, whereby medical care is provided at the expense of such corporation to such persons or groups of persons of low income as shall become subscribers to such plan, under contracts which will entitle each such subscriber to definite medical and surgical care, appliances and supplies, by licensed and registered doctors of medicine in their offices, in hospitals, and in the home. Such other benefits may be added from time to time as the corporation may determine, with the approval of the commissioner of insurance. Medical care shall not be construed to include hospital service.

Any such non-profit medical care corporation shall be subject to regulation and supervision by the commissioner of insurance as hereinafter provided. Any such non-profit medical care corporation shall not be subject to the laws of this state with respect to insurance corporations or with respect to corporations governed by the corporation laws, and no such non-profit medical care corporation may be incorporated in this state except under and in accordance with the provisions of this act.

Sec. 3. The persons so associating shall subscribe to articles of association which shall contain:

First, The names of the associates, and their places of residence;

Second, The location of the principal office for the transaction of business in this state;

Third, The name by which the corporation shall be known;

Fourth, The purposes of the corporation;

Fifth, The term of existence of the corporation;

Sixth, The time for the holding of the annual meetings of the corporation;

Seventh, Any terms and conditions of membership therein which the incorporators may have agreed upon, and which they may deem it important to have set forth in said articles;

Eighth, Any other terms and conditions, not inconsistent with the provisions of this act, necessary for the conduct of the affairs of the corporation.

Sec. 4. Such articles shall be acknowledged by the persons signing the same before some officer of this state authorized to take acknowledgments of deeds, who shall append thereto his certificate of acknowledgment. All such articles shall be in triplicate and upon proper forms as prescribed by the commissioner of insurance. Before said articles of association shall be effective for any purpose, the same shall be submitted to the attorney general for his examination, and if found by him to be in compliance with this act, he shall so certify to the commissioner of insurance. Each corporation shall pay to the attorney general for the examination of its articles of association, or any amendments thereto, the sum of five dollars. Each corporation shall pay to the commissioner of insurance a filing fee for its articles of association, or any amendments thereto, the sum of ten dollars. Such fees shall be covered into the state treasury for the benefit of the general fund.

Any corporation subject to the provisions of this act may, with the approval of the commissioner of insurance, and in the manner provided in its articles, amend its articles of association in any manner not inconsistent with the provisions of this act.

Sec. 5. The persons so associating, before entering into any contracts or securing any applications of subscribers, shall file in the office of the commissioner of insurance, together with triplicate copies of the said articles of association with the certificate of the attorney general annexed thereto, a statement showing in full detail the plan upon which it proposes to transact business, a copy of by-laws, a copy of contracts to be issued to subscribers, a copy of its prospectus, and proposed advertising to be used in the solicitation of contracts of subscribers. The commissioner of insurance shall examine the statements and documents so presented to him by the persons so associating, and shall have the power to conduct any investigation which he may deem necessary, and to hear such incorporators, and to examine under oath any persons interested or connected with the said proposed corporation. If, in the opinion of the commissioner of insurance, the incorporation or solicitation of contracts would work a fraud upon the persons so solicited, he shall have authority to refuse to license the said corporation to proceed in the organization and promotion of the association. If, upon examination of the said articles of association, the documents and instruments above mentioned, and such further investigation as the commissioner of insurance shall make, he is satisfied that (a) the solicitation of subscriptions would not work a fraud upon the persons so solicited; (b) the rates to be charged and the benefits to be provided are fair and reasonable; (c) the amount of money actually available for working capital is sufficient to carry all acquisition costs and operating expenses for a reasonable period of time from the date of issuance of the certificate of authority, and is not less than the sum of ten thousand dollars; (d) the amounts contributed as the working capital of the corporation are repayable only out of surplus earnings of such corporation, and (e) adequate and reasonable reserves to insure the maturity of the contracts are provided, he shall return to such incorporators one copy of such articles of association, certified for filing with the county clerk of the county in which said corporation proposes to maintain its principal business office, and one copy to be certified by the commissioner of insurance for the records of the corporation itself, and shall retain one copy for his office files, and he shall deliver to such corporation a certificate of authority to commence business and issue contracts entitling subscribers to definite medical and surgical care, which contracts have been approved by him.

The said commissioner of insurance shall have power and authority, at any time to revoke, after

reasonable notice and hearing, any certificate, order or consent made by him to the said corporation, to proscribe applications for membership, upon being satisfied that the further solicitation of subscribers will work a fraud upon the persons so solicited, and he shall have authority to make such investigation from time to time as he may deem best, and grant hearings to such incorporators in their relation thereto. The commissioner of insurance shall have the same authority in respect to taking over and/or liquidating corporations formed and/or doing business under this act as is provided by chapter 3 of part 1 of Act No. 256 of the Public Acts of 1917, as amended.

Any dissolution or liquidation of a corporation subject to the provisions of this act shall be conducted under the supervision of the commissioner of insurance, who shall have all power with respect thereto granted to him under the provisions of law with respect to the dissolution and liquidation of insurance companies.

Sec. 6. The commissioner of insurance, or any deputy or examiner or any other person whom he shall appoint, shall have the power of visitation and examination into the affairs of any such corporation and free access to all of the books, papers and documents that relate to the business of the corporation, and may summon and qualify witnesses under oath, to examine its officers, agents or employes or any other persons having knowledge of the affairs, transactions and conditions of the corporation. The per diem, traveling and other necessary expenses in connection therewith shall be paid by the corporation.

Sec. 7. Each such corporation shall annually on or before the first day of March of each year file in the office of the commissioner of insurance a sworn statement verified by at least two of the principal officers of said corporation showing its condition on the thirty-first day of December, then next preceding, which shall be in such form and shall contain such matters as the commissioner of insurance shall prescribe. In case any such corporation shall fail to file any such annual statement as herein required, the said commissioner of insurance shall be authorized and empowered to suspend the certificate of authority issued to such corporation until such statement shall be properly filed.

Sec. 8. The board of directors of a non-profit medical care corporation shall have representation from the public and the medical profession of the state.

Sec. 9. A medical care corporation may by its articles of association or its by-laws limit the benefits that it will furnish, and may divide such benefits as it elects to furnish into classes or kinds. In the absence of any such limitation or division of service, a non-profit medical care corporation shall be authorized to provide both general and special medical and surgical care benefits, including such service as may be necessarily incident to such medical care. A medical care corporation may limit the issuance of contracts to residents of counties as specified by the by-laws. Any change in by-laws shall first receive the approval of the state commissioner of insurance.

Sec. 10. Each doctor of medicine, licensed and registered under Act No. 237 of the Public Acts of 1899, as amended, practicing legally in this state shall have the right, on complying with such regulations as the corporation may make in its by-laws, to register with the corporation for general or special medical care, as the case may be. A non-profit medical care corporation shall impose no restrictions on the doctors of medicine who treat its subscribers as to methods of diagnosis or treatment. The physician-patient relationship shall be maintained and the subscriber shall at all times have free choice of doctor of medicine.

Sec. 11. A non-profit medical care corporation shall, before beginning business, and at all times thereafter while engaged in business, maintain reserves in such form and amount as the commissioner of insurance may determine; Provided, That the funds of any such corporation shall be invested only in securities permitted by the laws of this state for the investment of assets of life insurance companies.

Sec. 12. All medical care rendered on behalf of a non-profit medical care corporation shall be in accordance with the best medical practice in the community at all times.

A non-profit medical care corporation shall not furnish medical care otherwise than through doctors of medicine, licensed and registered under Act No. 237 of the Public Acts of 1899, as amended.

Sec. 13. Each non-profit medical care corporation may receive and accept from governmental or private agencies, corporations, associations, groups, or individuals, payments covering all or part of the cost of subscriptions to provide medical care for needy and other persons. All contracts for medical care shall be between the medical care corporation and the person to receive such care.

Sec. 14. No action at law based upon or arising out of the physician-patient relationship shall be maintained against a non-profit medical care corporation.

Sec. 15. Each corporation subject to the provisions of this act is hereby declared to be a charitable and benevolent institution, and its funds and property shall be exempt from taxation by the state, or any political subdivision thereof.

Sec. 16. Any person, or any agent or officer of a corporation, who violates any of the provisions of this act, or who shall make any false statement with respect to any report or statement required by this act, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished as provided by the laws of this state.

Sec. 17. Should any provision or section of this act be held to be invalid for any reason, such holding shall not be construed as affecting the validity of any remaining portion of such section or of this act, it being the legislative intent that this act shall stand, notwithstanding the invalidity of any such provision or section.

KEEP YOUR STATUS AS PATIENT

Socialized medicine has an intriguing sound. Perhaps the reason it attracts so many ears is because it sounds like medical treatment for nothing. Just at the present time we are getting so many things for nothing that business and others are being taxed to death. Within recent days some evidence bearing on socialized medicine was brought to Lansing from two widely separated points incidental to other discussion. One point was the shore of Hudson bay, the other was Portland, Ore. Up in the sub-Arctic, a subsidized physician gave two Eskimo women, who needed serious attention, doses of castor oil. In Portland, Ore., a prepaid surgeon, who had no interest in his patient, sprinkled talcum powder over seriously-mangled fingers. As we proceed toward socialized medicine, let us consider it well.—*Lansing State Journal,* Feb. 18, 1939.

MID-WINTER MEETING OF THE COUNCIL
January 28 and 29, 1939

HIGHLIGHTS:

1. **Proposed enabling acts to permit voluntary group hospitalization and voluntary group medical care in Michigan, approved.**
   Agreement reached with Michigan Hospital Association so that a comprehensive group health program may be offered to the public, upon enactment of enabling laws.
2. **Annual Meeting, Grand Rapids, September 19, 20, 21, 22, to feature 38 eminent guest lecturers in 10 general assemblies.**
3. **Secretary, Treasurer, Editor, Medico-Legal Committee, Executive Secretary elected.**
4. **Budget for 1939 approved.**
5. **Reports of numerous committees show amazing activity in behalf of better medical care and its distribution in Michigan.**

FIRST SESSION

1. *Roll Call.*—The meeting was called to order by Chairman P. R. Urmston in the Hotel Statler, Detroit, at 10:30 a. m. Those present were Drs. Urmston, Carstens, Huron, Barstow, Holmes, Sladek, Cummings, Andrews, Hart, Sherman, Haughey, Moore, Hoffmann, and Brunk of The Council; President Luce, President-Elect Corbus, Secretary Foster, Editor Dempster; Dr. Wm. J. Stapleton, Jr., Executive Secretary Burns.

2. *Minutes.*—The minutes of The Council meetings of January 7-8 were read and approved.

3. *The Secretary's Annual Report* was read by Dr. Foster as follows:

SECRETARY'S ANNUAL REPORT—1938

I herewith submit the report of the Secretary for 1938.

During 1938 the various activities of the Michigan State Medical Society were sustained and executed with unusual vigor. Members of the society contributed much time and energy to the solution of the many and ever increasing problems of organized medicine.

Membership

The total paid membership for 1938 was 4,205, with dues of $49,192.00 accruing to the society. The number of physicians with unpaid dues at the end of 1938 was 115. The membership tabulation for the years of 1937 and 1938 showing net gains and losses, unpaid dues and deaths, is as follows:

1937	1938	Gain	Unpaid	Deaths
3,963	4,205	242	115	45

There are approximately 4,700 potential members of the Michigan State Medical Society in the state. Memberships for 1938 would indicate that about 500 eligible non-members exist at this time. This represents a decrease of 200 from the 700 non-member eligibles reported for 1937.

In 1938, through the efforts of the county societies and membership committee, 242 physicians were added to the membership rolls. This indicates an appreciation, on the part of these physicians, of the benefits of membership in the State Society. I would estimate that the total membership for 1939 should be 4,350.

MEMBERSHIP RECORD

County	1937	1938	Loss	Gain	Unpaid	Deaths
Allegan	22	24	–	2	1	–
Alpena-Alcona-Presque Isle	18	18	–	–	2	–
Barry	15	15	–	–	–	1
Bay-Arenac-Iosco-Gladwin	71	74	–	3	2	2
Berrien	45	62	–	17	2	–
Branch	23	23	–	–	–	–
Calhoun	119	118	1	–	4	3
Cass	16	15	–	–	–	–
Chippewa-Mackinac	23	23	–	–	–	1
Clinton	11	10	1	–	–	–
Delta	20	23	–	3	–	1
Dickinson-Iron	23	24	–	1	–	1
Eaton	29	29	–	–	–	–
Genesee	155	155	–	–	11	1
Gogebic	26	26	–	–	–	–
Grand Traverse-Leelanau-Benzie	33	41	–	8	1	1
Gratiot-Isabella-Clare	35	40	–	5	2	1
Hillsdale	26	25	1	–	–	–
Houghton-Baraga-Keweenaw	38	38	–	–	–	–
Huron-Sanilac	29	26	3	–	1	–
Ingham	134	139	–	5	–	3
Ionia-Montcalm	38	40	–	2	–	2
Jackson	91	97	–	6	–	2
Kalamazoo-Van Buren	126	132	–	6	2	1
Kent	227	236	–	9	5	–
Lapeer	16	14	2	–	–	–
Lenawee	40	44	–	4	–	–
Livingston	19	17	2	–	–	–
Luce	13	11	2	–	–	–
Macomb	39	38	1	–	2	–
Manistee	16	16	–	–	–	–
Marquette-Alger	35	42	–	7	1	–
Mason	10	12	–	2	–	1
Mecosta-Osceola-Lake	17	19	–	2	–	–
Menominee	17	13	4	–	–	–
Midland	11	14	–	3	–	–
Monroe	37	34	3	–	2	1
Muskegon	77	82	–	5	–	3
Newaygo	10	10	–	–	–	–
Northern Michigan (Antrim-Charlevoix, Emmet, Cheboygan)	31	31	–	–	1	–
Oakland	125	123	2	–	8	2
Oceana	10	10	–	–	–	–
O.M.C.O.R.O. (Otsego, Crawford, Oscoda, Montgomery, Roscommon, Ogemaw)	14	17	–	3	–	–
Ontonagon	6	8	–	2	–	–
Ottawa	33	32	1	–	–	–
Saginaw	96	94	2	–	–	1
Schoolcraft	7	7	–	–	–	–
Shiawassee	33	32	1	–	–	–
St. Clair	47	51	–	4	–	1
St. Joseph	15	19	–	4	–	–
Tuscola	32	32	–	–	–	–
Washtenaw	149	162	–	13	3	1
Wayne	1,592	1,746	–	154	65	13
Wexford-Kalkaska-Missaukee	23	22	1	–	–	1
	3,963	4,205	28	270	115	45
		3,963		28		
				242		
				242		

Emeritus & Honorary Members..... 42
Paid Members 4,205

Total 4,247

Deaths During 1938

During 1938 we regretfully record the deaths of the following members:

Barry County—C. S. McIntyre, M.D., Hastings.

Bay County—J. W. Hauxhurst, M.D., Bay City; J. R. Petty, M.D., Au Gres.

Calhoun County—R. H. Steinbach, M.D., Wm. M. Dugan, M.D., of Battle Creek.
Chippewa-Mackinac—C. J. Ennis, M.D., Sault Ste. Marie.
Delta County—L. P. Treiber, M.D., Escanaba.
Dickinson-Iron County—Joseph A. Crowell, M.D., Iron Mountain.
Genesee County—W. G. Bird, M.D., Flint.
Grand Traverse-Leelanau-Benzie County—Ernest B. Minor, M.D., Traverse City.
Gratiot-Isabella-Clare County—M. C. Hubbard, M.D., Vestaburg.
Hillsdale County—D. W. Fenton, M.D., Reading.
Ingham County—H. C. Rockwell, M.D., Lansing; C. F. Culver, M.D., Howell; R. M. Olin, M.D., East Lansing.
Ionia-Montcalm County—Leon E. Duval, M.D., Ionia; A. I. Laughlin, M.D., Clarksville.
Jackson County—Maitland N. Stewart, M.D.; S. W. Woyt, M.D., Jackson.
Kalamazoo-VanBuren County—G. M. Braden, M.D., Scotts.
Mason County—Frederick W. Heysett, M.D., Ludington.
Monroe County—S. O. Newcombe, M.D., Ida.
Muskegon County—Frank Boonstra, M.D., J. G. Bowers, M.D., Muskegon; A. P. Poppen, M.D.
Oakland County—John Bachelor, M.D., Oxford; J. O. Gaston, M.D., Rochester.
Saginaw County—Pearl S. Windham, M.D., Saginaw.
St. Clair County—J. F. Martinson, M.D., Port Huron.
Washtenaw County—George F. Inch, M.D., Ypsilanti.
Wayne County—Claude G. Burgess, M.D., Robert E. Cummings, M.D., R. S. Dupont, M.D., Wm. A. Hackett, M.D., Henry J. Hartz, M.D., Hyde G. Warren, M.D., Charles A. Lenhard, M.D., Lewis S. Potter, M.D., Wesley J. Reid, M.D., Dayton D. Stone, M.D., A. B. Toaz, M.D., C. C. Wright, M.D., Detroit; R. C. Humphrey, M.D., Wyandotte.
Wexford-Kalkaska-Missaukee County—H. C. Buster, M.D., Baldwin.

Financial Status

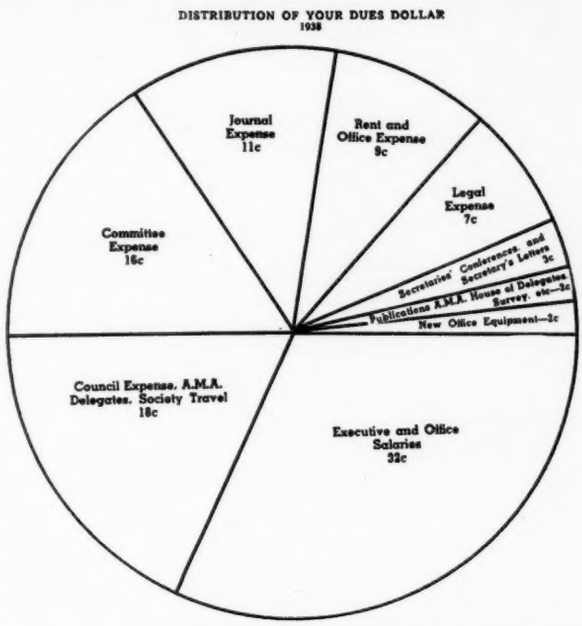
The fiscal year closed on December 24, 1938, and the statement of our certified accountants, Ernst & Ernst (published in the JOURNAL), shows the financial status of that date. The following facts are noted:

1. The assets of the society are $43,821.55 as compared to $32,282.39 in 1937. The net worth is shown as $26,601.84, an increase, from the figure of $11,764.39 of a year ago, of $14,837.45. Assignment of $3,500.00 to the Medico-legal defense fund would decrease the net worth by that amount and show an actual net worth increase of $11,337.45. This increase would just about represent the increase of dues and the profit from the annual meeting.
2. *The Medical Defense Fund* shows a balance of $9,225.30 as compared to $12,048.60 of a year ago. This is a decrease of $2,823.30. No portion of dues was credited to the Medico-legal defense fund in 1938, although the sum of $3,500.00 was authorized for that fund. The securities assigned to this fund are now $12,426.50.
3. THE JOURNAL advertising sales in 1938 totaled $10,269.20 or an increase of $721.09 over 1937. The cost of printing THE JOURNAL in 1938 was $10,144.90, an increase of $179.86 over 1937. The net income of THE JOURNAL appears as $1,942.98, an increase of $736.13 over 1937. This, however, includes the allocation for subscriptions, which figure is $6,151.12.

The increase in dues in 1938 partially restored the financial situation, which was somewhat depleted in 1937 by increased society activities. The continued increase in dues will scarcely maintain the situation in 1939, which forecasts increased operating expenses of rent, office personnel and enlarged committee activities.

The 1938 Annual Meeting

Another record attendance was broken at the Detroit Session. There was a physician attendance of 1,594, with a total registration of 2,077. The General Session type of Scientific program continued its interest appeal. The registrants were very generous in their attention to the technical exhibitors and developed an even greater goodwill among that group. In spite of a greatly augmented program of out-of-state speakers, with its increased expenses, the exhibits provided a substantial profit to the society.



County Secretary Conferences

Two County Secretary Conferences were held in 1938. One in Lansing on January 23, 1938, and one in Detroit September 20, 1938, on the occasion of the annual meeting. These conferences were arranged with a view to developing the County Secretaries as key men in their local groups. The attendance at the conferences was evidence of the interest on the part of the County officers in the programs of the State Society.

Committees

Each of the twenty-five committees of the state society performed its duties with despatch and efficiency throughout the year. The constantly expanding program of the Michigan State Medical Society has made great demands upon the time and energy of all committemen, and they have accepted their responsibility in a most creditable manner.

Society Activity

During the past year, your two secretaries have visited each of the fifty-four county societies at least once, and were usually accompanied by members of the Council, other officers and committeemen. Most of the components are well organized and active. In view of the many activities of a scientific and sociologic character, the county societies, for the most part, are holding regular meetings and demonstrating an active interest in the affairs of the state society.

During 1938 the Schoolcraft society was merged with the Delta county society. This affiliation has been of advantage to both groups. Late in 1938, was formed the Van Buren County Medical Society—a group of 32 former members of the Kalamazoo Academy of Medicine.

The Speakers Bureau of the State society provided eighty-eight speakers for county society meetings, the twenty-six speakers for lay groups, a total of 114 assignments.

The Placement Service, which has been in operation two years, is receiving an ever increasing number of inquiries from both physicians and communities.

The County Societies have been apprised of the state society's activities through the publication of sixteen secretary's letters. Twelve of these were sent to county secretaries and four to the general membership of the Michigan State Medical Society. These communications also carried the items promulgated by the Public Relations Committe and served as its bulletin.

There were twenty-two State Society Night meetings held during 1938. During the past year, several county societies have instituted, through local educational institutions, classes in Public Speaking. These classes should help materially in providing more able speakers, who can publicize the views and activities of the state society.

Your secretary concludes his report with the following recommendations: that

1. A sustained effort be made to interest every eligible physician in membership in his county and state society.
2. The idea of State Society Night meetings be continued, but that, where possible, these be developed as district or regional meetings, embracing several societies.
3. The Speakers Bureau be developed with "Spot Speakers" throughout the state, each society assuming the responsibility of contributing personnel to the bureau.
4. The annual meeting program be continued as developed during the past two years—a program of General Sessions.

Your secretary cannot express too sincerely to the council his appreciation of its fine coöperation and encouragement during the past year. All of the committees of the state society are to be commended for their splendid spirit, untiring efforts and successful execution of difficult tasks. To Executive Secretary Wm. J. Burns for his inspiring enthusiasm, and to the office personnel for their willing and generous assistance, your secretary is truly grateful.

Respectfully submitted,
L. FERNALD FOSTER, M.D., *Secretary*

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The report was referred to the County Societies Committee.

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4. *Treasurer's Annual Report* was presented by Treasurer Wm. A. Hyland as follows:

TREASURER'S REPORT

As Treasurer of the Michigan State Medical Society, I wish to submit the following report for the year 1938.

As required by the by-laws of the society, the usual indemnity bond was filed with the state secretary.

The bond committee (composed of Henry R. Carstens, M.D., Vernon M. Moore, M.D., and William A. Hyland, M.D.) at a meeting in August decided to dispose of the Society's New England Gas and Electric Co. bonds as soon as an opportunity arises and a reasonable figure can be obtained. With this in mind, we are watching the market and expect to dispose of them sometime during the current year.

The bonds have stood up very well during the past year—the present value is practically the same as a year ago. In addition, during November, I received a check for the National Electric Power Co. debentures in the amount of $262.79 and turned it over to the secretary, this being the first and final distribution by the receivers of these debentures.

The receipts for coupons for the securities for the year 1938 totaled $1,050, also dividend check in the amount of $14.40 from the National Gas and Electric Corporation stock—making a total of $1,-064.40 which was forwarded to the secretary as usual.

The total bond value of the Michigan State Medical Society, plus the dividends, the Receiver's check of the National Electric Power Co. and credit of $93.98 at the Grand Rapids Trust Co. for exchange of bonds during 1937 but credited in 1938, brings the total Treasury value for 1938 to $30,-200.17.

The following securities were held by the Michigan State Medical Society of the end of 1938:

GENERAL FUND BONDS	QUOTED MARKET PRICE
American Telephone & Telegraph Company	$ 2,100.00
Associated Gas and Electric Corporation	500.00
Central Illinois Public Service Company	2,050.00
Commercial Investment Trust Corporation	2,110.00
Consumers Power Company	2,095.00
Grand Rapids Affiliated Corporation	650.00
New England Gas and Electric Company	527.50
Standard Oil Company—New Jersey	1,050.00
United Light and Power Company	2,080.00
United States of America Savings Bonds	3,040.00
Unclipped Coupons	150.00
	$16,352.50
MEDICO-LEGAL DEFENSE FUND BONDS	
The Government of the Dominion of Canada due in 1945	$ 1,030.00
The Government of the Dominion of Canada due in 1967	980.00
Canadian Pacific Railway Company	1,570.00
Detroit Edison Company	2,200.00
Grand Rapids Affiliated Corporation	650.00
New England Gas and Electric Company	527.50
New York Central Railroad Company	1,360.00
Southern Pacific Company	1,100.00
United States of America Savings Bonds	2,660.00
Unclipped coupons	25.00
	$12,102.50
STOCK	
National Gas & Electric Corporation—common—96 shares	324.00
	$12,426.50
	$28,779.00

Respectfully submitted,
WM. A. HYLAND, M.D., *Treasurer.*

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The report was referred to the Finance Committee.

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5. The *Editor's Annual Report* was presented by Dr. J. H. Dempster as follows:

EDITOR'S ANNUAL REPORT

"A year ago a request was made to keep THE JOURNAL within 100 pages a month, including advertising matter. To indicate how well this injunction was obeyed by the business office and the editor, the actual number of printed pages for 1938 was 1,150. An endeavor has been constantly made to make THE JOURNAL reflect the attitude, editorially, of organized medicine in this state. I have written sixty editorials during the year, an average of five for each month. Of these, about forty discussed some phase of medical economics or medical sociology in its broader aspects. The department of County Activity conducted by the secretary and executive secretary have, besides editorial comment, presented a faithful account of the deliberations of the council and the executive committee, as well as the discussions of the House of Delegates in the November JOURNAL. Every member of the society has had an opportunity to familiarize himself with the work of organized medicine during the year. There were published 203 contributions on the scientific and clinical phases of medicine. This is due largely to the number of clinical histories

and short papers. We have encouraged the briefer contribution as distinct from that which aims at exhaustive discussion, owing to the fact that no magazine article, no matter what the length, can exhaust any subject. The briefer the paper, the greater the possibility that it will be read and not placed aside for that leisure that never comes to the average doctor. The demand for space mentioned in other years is still as urgent as ever and can be met only by briefer contributions written with the greatest of care. A number of features conceived last year are included in the contents of the JOURNAL the current year, notably the monthly clinical staff conference of the Department of Medicine of the University of Michigan and brief contributions from the Committee on Maternal Welfare of the Michigan State Medical Society.

The editor expresses his appreciation of the assistance of the Publications Committee, the secretary and executive secretary and the publisher who has continued the excellence of former years in producing a journal that is typographically beyond reproach.

All of which is respectfully submitted,

J. H. DEMPSTER, M.D., *Editor.*

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The report was referred to the Publications Committee.

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6. *The Annual Report of the Medico-Legal Committee* was presented by Dr. Stapleton and referred to the County Societies Committee, except that portion having to do with finances, which was referred to the Finance Committee.

7. *Dr. I. W. Greene's letter* was read by Dr. Luce; Dr. Greene recommended that someone be appointed in his place on the Executive Committee. Motion of Dr. Cummings, seconded by several that a message from this council be sent to Dr. Greene wishing his continued improvement in health and that he will be able to serve the society in the future as in the past. Carried unan.

The Chair appointed Dr. Haughey as Acting Chairman of the County Societies Committee.

8. *Special Committee on Changes in Medico-Legal Activity.* Dr. Andrews reported that the committee had met with Attorney Payette, and he read his legal opinion. The report was referred to the County Societies Committee to discuss with the Special Committee and with Dr. Stapleton.

9. *Other Committee Reports:*

(A) Legislative Committee:

(a) The proposed amendments to the prenuptial physical examination law were approved on motion of Dr. Haughey, seconded by several and carried unanimously.

(b) Report was given on conference of Dr. Ramsey and Mr. Brown re amendments in the Afflicted Child Law.

(c) Report on proposed welfare laws was presented.

(d) Dr. Luce reported on meeting in Washington, D. C. of the Committee of Seven: All phases of the proposed National Health Plan were approved in principle, except compulsory health insurance; however, it was felt that the same type of service could be rendered without expending so much money.

(e) The bill sponsored by the Waterworks Operators was approved as a worthy public health measure on motion of Drs. Carstens-Hart. Carried unanimously.

(f) State Accident Fund case was discussed. Motion of Drs. Carstens-several that this matter be referred to the Chairman of The Council, the Secretary and Executive Secretary for a fuller investigation and report at the next meeting of the Executive Committee. Carried unanimously.

(B) Mental Hygiene Committee: Report was read by Dr. Hoffmann. Referred to Finance Committee.

(C) Preventive Medicine Committee: Report was read by the Executive Secretary. To Finance Committee. Motion of Drs. Hart-Andrews that the recommendations re typhoid be approved. Carried unanimously.

(D) Public Relations Committee: Report read by Dr. Foster. To Finance Committee.

(E) Membership Committee report was presented. To Finance Committee.

(F) Radio Committee report was presented and discussed. Motion of Drs. Holmes-Haughey that this be referred back for additional information. Carried unanimously.

(G) Liaison with Hospitals: Report was read.

(H) Cancer Committee report was read. The Sub-committee is to be discussed at a later session of The Council. Budgetary item to Finance Committee.

(I) Joint Committee: Report read by Dr. Corbus. Budgetary item to Finance Committee.

(J) Committee on Scientific Work presented by Dr. Foster, who urged the Councilors to explain the merits of the Technical Exhibit to detail men.

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10. *The Publications Committee* report was read by Dr. Brunk, as follows:

REPORT OF THE PUBLICATIONS COMMITTEE—1938

You have heard the editor's annual report. Early in the year (1938), a questionnaire was mailed to the members of the Michigan State Medical Society, for the purpose of ascertaining the attitude of the members, to THE JOURNAL. Over 300 replies were received, which we presume to be a cross-section of opinion of the membership. Replies have been tabulated, together with comments, which accompanied them, and have been published in the October number of THE JOURNAL. You have, doubtless, read the article. Many suggestions were made and of these, a large number either were in effect at the time, or have since been carried out. Some, of course, are conflicting. For instance, one number calls for more articles on the business side of medicine; another states, "There is no such thing as the business side of medicine." Obviously, where opposite requests are made, it is impossible to satisfy all. Some would prefer THE JOURNAL. printed on paper that is not glossy, claiming that it would be easier to read, and some call for more illustrations. The fine calendered paper is necessary for the fine half-tones. It would be impossible, for instance, to print photomicrographs on coarse paper. Many expressed entire satisfaction with THE JOURNAL, and a surprising number declared that they read THE JOURNAL through from cover to cover. Among the questions asked was, "Do you fill out sample coupons?" Forty-seven replied in the affirmative; fifty-seven in the negative; and thirty-five said, occasionally. We draw attention to the fact that THE JOURNAL is only possible from the dollar and a half appropriated from the annual dues, and the sale of advertising. An effort has been made to include in THE JOURNAL only high-grade ethical advertising. This is your JOURNAL, and its continuance and enlargement will depend largely on the advertising patronage, and that, in turn, depends upon the extent to which the members of the society patronize the advertisers.

It is almost trite to say that we are living in changing times, an era of rapid transition. This calls for more than ordinary editorial judgment,

if something does not appear as permanent record, that will not eventually call for a change of attitude. We feel that the editor has sensed this fact and has therefore avoided extravagant statements or positive assertion where such is not warranted. THE JOURNAL, each month, has presented the deliberations and conclusions of the Executive Committee of the Council, so that each reader has had the opportunity of following, from month to month, the work of this managing committee. The President's Page has afforded him, each month, an outlet for his personal message to the profession as a whole. This is a feature that is highly commendable and, therefore, of survival value.

Respectfully submitted,

A. S. BRUNK, M.D., *Chairman*
F. T. ANDREWS, M.D. ROY H. HOLMES, M.D.
T. E. DEGURSE, M.D. J. EARL MCINTYRE, M.D.

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The report was *referred to Publications Committee.*

Recess: 12:30 P.M.

SECOND SESSION

11. The Council reconvened at 3:30 p.m. In addition to those present at the first session, the following were present: Drs. DeGurse, McIntyre, Riley and Hyland.

12. *Additional Committee Reports:*

(K) Postgraduate Committee: Report by Dr. Cummings, who asked for suggestions from all present. Budgetary item to Finance Committee.

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13. *Reference Report of Committee on County Societies* was read by Dr. Haughey, as follows:

REFERENCE REPORT OF COMMITTEE ON COUNTY SOCIETIES

(a) *Secretary's Report* was read and discussed. This Committee suggests that the Executive Office send a list of members of the MSMS as of January 1, 1939, by county, to the County Secretaries, and ask the secretary of the County Society to add the names of any other physicians in the county which are not listed, and to give the reasons why they are not members.

The Committee recommends that the County Secretaries make prompt notification of deaths, removals and changes of status of their members, to the Executive Office.

The Committee recommends that the County Secretaries' Conference (one in January and one at the time of the Annual Convention) be continued. We also recommend that a mid-winter meeting of the Secretaries of the Upper Peninsula County Medical Societies be held at a suitable time and place, and that at least one of the State Secretaries attend.

The Committee feels that the suggestion of writing letters to Congressmen and having a definite plan of what to write, is excellent.

The Committee recommends that more county society reports should be published in THE JOURNAL and that these reports should be made more interesting and not so brief as in the past.

The Committee wishes to compliment the Secretary upon his excellent and comprehensive report.

(b) *Medico-Legal Report* was discussed. The Committee adopted the following resolution:

Whereas, we may be assessed a high rate of taxation on account of operation of the MSMS Medico-Legal Defense, and

Whereas, attorneys tell us that the only way we can be free from paying these taxes is to discontinue this activity, and

Whereas, a large majority of the members of the MSMS carry their own defense insurance,

This Committee recommends that the House of Delegates at its next session (special or regular) amend the by-laws as suggested by our attorney so as to eliminate the offering of defense as a part of the benefits of membership in the Michigan State Medical Society.

We further suggest that the Medico-Legal Committee (to be known as the "Grievance Committee") be retained as a standing committee of the State Society, but that the details of its activities be turned over to the Executive Office in Lansing.

We also recommend that the funds which have been set aside for medical defense be retained in this fund to care for cases, the cause of action for which shall have arisen previous to the termination of this feature of our work, and any balance to be transferred to the general fund.

Respectfully submitted,

WILFRID HAUGHEY, M.D., *Acting Chairman*
C. D. HART, M.D.
W. H. HURON, M.D. E. F. SLADEK, M.D.

* * *

The first part of the report re the Secretary's Annual Report was approved on motion of Drs. Haughey-Hart. Carried unanimously.

The second part of the report re Medico-Legal Activity was thoroughly discussed by The Council. Motion of Drs. Huron-Cummings that the last paragraph, having to do with the disposition of the Medico-Legal Fund, be referred back to the Special Committee on Changes in Medico-Legal Activity, to obtain exhaustive legal opinion on same.

The balance of the report was accepted as read. Carried unanimously.

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14. *Reference Report of Committee on Publications* was read by Dr. Brunk, section by section.

REFERENCE REPORT OF PUBLICATIONS COMMITTEE

Your Committee on Publications met and respectfully recommends to The Council:

1. That the Editor's Report and Publications Committee Report be approved and that Dr. Dempster be commended for his efforts, motion of Drs. Sherman-Andrews.

2. That the Editor do not accept over one and one-half pages each from the State Department of Health and the Woman's Auxiliary for publication in The Journal each month, motion of Drs. Holmes-Andrews.

3. That the color of the cover of THE JOURNAL be changed each month, motion of Drs. Holmes-Andrews.

4. That The Council offer individual advertising solicitors a commission on new advertising obtained for THE JOURNAL, motion of Drs. Andrews-Holmes. Dr. Foster and Mr. Burns are to discuss this matter with Will Braun and H. L. Sandberg of the A.M.A. in Chicago on February 11.

5. That the suggestions of the Publishing Company be accepted and envelopes for THE JOURNAL be eliminated, saving $150 per year, motion of Drs. Andrews-Holmes.

Respectfully submitted,

A. S. BRUNK, M.D., *Chairman*
F. T. ANDREWS, M.D. T. E. DEGURSE, M.D.
R. H. HOLMES, M.D. G. A. SHERMAN, M.D.

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SOCIETY BUDGET FOR 1939

INCOME:	
4,200 members at $12 (less ½ and ¼ dues of new members)	$ 49,400.00
Interest	700.00
Total income	$ 50,100.00
Less allocation to THE JOURNAL at $1.50	6,300.00
TOTAL NET INCOME	$ 43,800.00

APPROPRIATIONS:

Administrative and General:	
Medical Secretary Salary	$ 2,400.00
Executive Secretary Salary	7,000.00
Other Office Salaries	5,820.00
Extra Office Help	900.00
Office Rent and Light	1,284.00
Printing, Stationery, Supplies	1,000.00
Postage	800.00
Insurance and Fidelity Bonds	190.00
Auditing	250.00
New Equipment and Repairs	300.00
Telephone and Telegraph	500.00
Legal	750.00
Miscellaneous	175.00
Total Admin. and General	$ 21,369.00
Less Journal office expense	1,800.00
	$ 19,569.00
Society Expenses:	
Council Expense	$ 3,000.00
Delegates to A.M.A.	800.00
Secretaries Conferences	850.00
General Society Travel Expense	2,000.00
Secretary's Letters	500.00
Publications Expense	500.00
Reporting Annual Meeting and Special Session	275.00
Education Expenses	3,000.00
Sundry Society Expenses	750.00
Organizational Expense	3,000.00
Contingent Fund	1,331.00
Total Society Expense	$ 16,006.00
Less gain from Annual Meeting	1,500.00
Net Society Expense	$ 14,506.00
Committee Expenses:	
Legislative Committee	$ 3,500.00
Com. on Distribution of Med. Care	2,000.00
Cancer Committee	250.00
Preventive Medicine Committee: (Including Adv. on Syphilis and Adv. on Tuberculosis Control)	200.00
Radio Committee	25.00
Postgraduate Medical Education	1,400.00
Maternal Health Committee	150.00
Public Relations Committee	700.00
Ethics Committee	100.00
Membership Committee	25.00
Joint Com. on H. E.	500.00
Adv. to Woman's Auxiliary	50.00
Sundry Other Committees	325.00
Committee Reserve	500.00
Total Committee Expenses	$ 9,725.00
GRAND TOTAL	$ 43,800.00

BUDGET FOR "THE JOURNAL"—1939

INCOME:		
Subscriptions from members	$6,300.00	
Other subscriptions	100.00	
Advertising	9,500.00	
Reprint Sales	1,500.00	
Journal Cuts	125.00	
		$17,525.00
EXPENSES:		
Editor's salary	$3,000.00	
Printing and mailing	9,500.00	
Cost of reprints	1,400.00	
Discounts and commissions on advertising	1,150.00	
Postage	250.00	
General office expense	1,800.00	
Reserve	425.00	
		$17,525.00

Motion of Drs. Andrews-Haughey that the report as a whole be adopted. Carried unanimously.

REFERENCE REPORT OF FINANCE COMMITTEE

15. *Report of Finance Committee* was read by Dr. Carstens. The Ernst & Ernst statement was studied. Treasurer Wm. A. Hyland commented briefly on his report and the condition of the bonds. Motion of Drs. Cummings-McIntyre that the Bond Committee be empowered to dispose of certain bonds, at its discretion. Carried unanimously.

The budget for 1939 was presented and discussed item by item. Motion of Drs. Holmes-Sladek that the salary of Executive Secretary Burns be set at $7,000 per annum in the budget outlined. Carried unanimously. Motion of Drs. Sherman-Hart that the salaries of the employees be set as recommended by the Finance Committee: Leet, $2100; Shepline, $1500; Tracy, $1320; Rehm, $900. Carried unanimously. Motion of Drs. McIntyre-Cummings that the recommendations of the Finance Committee on administrative and General appropriations be approved. Carried unanimously. Motion of Drs. Holmes-Andrews that the recommendations of the Finance Committee on Society Expense be approved. Carried unanimously. Motion of Drs. DeGurse-Sladek that the recommendations of the Finance Committee on Committee Expense be approved. Carried unanimously. Motion of Drs. Cummings-Sherman that the budget as recommended by the Finance Committee be adopted as a whole. Carried unanimously.

Journal Budget. Motion of Drs. Holmes-Sladek that the recommendations of the Finance Committee re THE JOURNAL be adopted as a whole. Carried unanimously.

THIRD SESSION

16. *The Council reconvened at 8:15 p.m.—Minutes* of the Morning and Afternoon Sessions of The Council were read and approved.

17. *Voluntary Group Hospitalization* and Group Medical Care. Dr. H. A. Miller, Chairman of the Legislative Committee reported on legislative activity relative to group hospitalization and group medical care. The proposed enabling act for group medical care was read in its entirety. The proposed enabling act for group hospitalization submitted by the Michigan Hospital Association was also read in its entirety. Dr. Miller read the report of the meeting of representatives of the MSMS with representatives of the Michigan Hosp. Ass'n in Flint on Sunday, January 22. Further discussion of group hospitalization and group medical care was deferred until January 29, when The Council is to meet with representatives of the Michigan Hospital Ass'n.

18. *The American Academy of Pediatrics'* proposal re an immunization program was presented by Secretary Foster. Motion of Dr. Holmes, seconded by several, that the program as presented be approved. Carried unanimously.

19. *Report of the Chairman of the Contact Committee* to Governmental Agencies, Dr. Henry Cook, was read by Secretary Foster. Motion of Drs. Andrews-McIntyre that the report be accepted. Carried unanimously. The Council recessed at 10:50 p. m.

FOURTH SESSION
January 29, 1939

20. *Roll Call.*—The meeting was called to order at 10:05 a. m.

The Minutes of the session of January 28 were read and approved.

21. *Bills Payable.*—The statement from attorneys of the Medico-Legal Committee was presented, and motion was made by Drs. Holmes-Carstens that the retainer fee be paid. Carried unanimously. The bill of Douglas, Barbour, Desenberg and Purdy for legal services was presented and discussed. Motion of Drs. Andrews-Carstens that the bill be paid. Carried unanimously.

Bills payable for the month were presented and motion was made by Drs. Carstens-McIntyre that they be paid. Carried unanimously.

22. *Special Committee on Medico-Legal Activity.*—After discussion of the activities of the Medico-Legal Committee, the Chair appointed Dr. V. M. Moore to the Special Committee on Medico-Legal Activity to fill the vacancy left by the resignation of Dr. Greene. The Committee is now composed of Drs. Holmes, chairman; Andrews and Moore.

23. *Group Hospitalization.*—Mr. Ralph M. Huestón, President of the Michigan Hospital Association, Mr. Wm. J. Griffin, Mr. Robt Greve, and Mr. John Mannix were introduced to the members of

the Council. The protocol developed at the meeting in Flint on January 22, which defines professional medical service, was read. Mr. Hueston explained the intentions of the Hospital Association in its group hospitalization plans with relation to the technical service and professional service. Nurse anæsthetists were discussed thoroughly. The Michigan Society for Group Hospitalization has agreed not to include anything in its contract with the subscriber re x-ray service. Motion of Drs. Moore-several that the following sentence be added to the protocol, which has the approval of the representatives of the Michigan Hospital Association present: "Notwithstanding the above definition, it is agreed that the hospital program will not include any x-ray service." Carried unanimously. Motion of Drs. Andrews-Sladek that the protocol with the above addition be approved. Carried, Dr. McIntyre dissenting.

The MSMS proposed enabling act for group medical care was discussed with the representatives of the Michigan Hospital Association. The MHA proposed enabling act for group hospitalization was presented.

Motion of Drs. Moore-McIntyre that The Council of the Michigan State Medical Society approve the Group Hospital plans as presented by the Michigan Society for Group Hospitalization, (the plan of the Michigan Hospital Association) and expresses itself to be in accord with the plan and to lend its support. Carried unanimously.

Motion of Drs. Holmes-McIntyre that the representatives of the Michigan Hospital Association be requested to present the proposed enabling act for group medical care drafted by the MSMS, to the Michigan Hospital Association for its endorsement and support. Carried unanimously.

Mr. Hueston thanked The Council on behalf of the Michigan Hospital Association for the courtesy extended to him and other representatives of the MHA. Mr. Hueston stated that the MHA will work for the passage of both enabling acts.

Mr. Mannix, newly appointed Executive Director of the Michigan Society for Group Hospitalization, outlined the method of operation and reviewed the experience of group hospitalization in the U. S.

ELECTIONS

24. (a) *Election of Secretary.*—Motion of Drs. Andrews-several that Dr. L. Fernald Foster of Bay City be re-elected Secretary. Carried unanimously.

(b) *Election of Treasurer.*—Motion of Drs. Moore-several that Dr. Wm. A. Hyland of Grand Rapids be re-elected Treasurer. Carried unanimously.

(c) *Election of Editor.*—Motion of Drs. Holmes-McIntyre that Dr. James H. Dempster of Detroit be re-elected Editor of THE JOURNAL. Carried unanimously.

(d) *Appointment of Executive Secretary.*—Motion of Drs. Cummings-Sladek that Mr. Wm. J. Burns be re-appointed Executive Secretary. Carried unanimously.

(e) *Resignation of Dr. Greene.*—From Chairmanship of the County Societies Committee and membership on the Executive Committee was presented. Motion of Drs. Brunk-McIntyre that Dr. Greene's resignation as stated above be accepted with great regret that Dr. Greene does not feel able to carry on with these duties. Carried unanimously.

Election of County Societies Committee Chairman.—Dr. McIntyre-several moved that Dr. Wilfrid Haughey of Battle Creek be nominated. Motion of Drs. Carstens-Cummings that the nominations be closed and a unanimous ballot be cast for Dr. Haughey. It was so cast by the Secretary.

(f) *Medico-Legal Defense Committee.*—Motion of Drs. Moore-Cummings that Dr. Wm. R. Torgerson of Grand Rapids and Dr. S. W. Donaldson of Ann Arbor be elected members of the Medico-Legal Committee. Carried unanimously. Motion of Drs. Holmes-Barstow that Dr. F. T. Andrews of Kalamazoo be the third member of the Committee. Carried unanimously.

Motion of Drs. Barstow-DeGurse that Dr. Angus McLean and Dr. Wm. J. Stapleton, Jr. be re-elected to the Committee. Carried.

Motion of Drs. Moore-Cummings that Dr. Torgerson be elected Chairman. Carried unanimously.

Motion of Drs. Holmes-Carstens that the salary of the Chairman be set at zero. Carried unanimously.

25. *Tour of U. P. County Societies.*—Dr. Huron spoke of the appreciation of the officers of the Upper Peninsula Societies for the visit of MSMS officers each year. Motion of Drs. Huron-Sladek that the annual tour of the Upper Peninsula Medical Societies be authorized for 1939. Carried unanimously.

Recess for dinner: 12:50 p. m.

FIFTH SESSION

The Council reconvened at 2:40 p. m.

26. *Release to newspapers* re agreement of Michigan State Medical Society and Michigan Hospital Association on the subject of group hospitalization and group medical care was read by President Luce. Motion of Drs. Andrews-McIntyre that the story be approved with the addition of the following sentence in the second paragraph: "Plans for group medical service sponsored by the Michigan State Medical Society will soon be instituted by that organization," and released to all newspapers of the State. Carried unanimously.

27. *Cancer Subcommittee.*—The list of nominations by the Cancer Committee of men from all areas of the state was presented. Motion of Drs. Carstens-McIntyre that the list be approved and that list be designated as Speakers Bureau of Cancer Committee, and that the Secretary notify the Committee that further names be considered as additions to it on advice of county medical societies. Carried unanimously.

28. *Interne Training.*—Dr. McIntyre remarked briefly re interne training. Letter of Dean Allen of Wayne University Medical College was read.

29. *Income Tax Status.*—Motion of Drs. McIntyre-Andrews that another letter be directed to the Department of Internal Revenue and that additional legal advice be sought in the matter. Carried unanimously.

30. *Adjournment.*—The Chair thanked all for their attendance, good attention and advice, and adjourned the meeting at 4:30 p. m.

The Poor Fish

Herr Hitler and Signor Mussolini sat fishing together on one side of the lake, and Mr. Chamberlain on the other. But while the British Prime Minister caught fish after fish, the two dictators could not even raise a bite.

"How do you do it, Neville?" they shouted across the water. "There don't seem to be any fish on our side."

"The fish are there all right," replied Mr. Chamberlain, "but they daren't open their mouths."—London *News-Letter.*

REPORT OF AUDITORS FOR 1938

WE have made an examination of the balance sheet of MICHIGAN STATE MEDICAL SOCIETY as at December 24, 1938, and of the statements of income and expense for the year ended at that date. In connection therewith, we examined or tested accounting records of the Society and other supporting evidence and obtained information and explanations from the Executive Secretary and employees. We also made a general review of the accounting methods and of the operating and income accounts for the year and made certain certain test checks of the records of cash transactions and data supporting the operating and income accounts as hereinafter outlined, but we did not make a detailed audit of the transactions.

The Society was organized under the laws of the State of Michigan on September 17, 1910, as a corporation not for pecuniary profit. It is affiliated with the American Medical Association and charters county medical societies within the State of Michigan. The purposes of the Society are the promotion of the science and art of medicine, the protection of public health and the betterment of the medical profession. In the furtherance of these purposes, the Society publishes THE JOURNAL of the Michigan State Medical Society.

Balance Sheet

A summary of the balance sheets at December 24, 1938, and December 24, 1937, follows:

ASSETS	DEC. 24, 1938	DEC. 24, 1937	INCREASE DECREASE
Cash	$ 9,650.78	$ 1,473.45	$ 8,177.33
Notes and accounts receivable	5,274.35	920.48	4,353.87
Inventory	.....	834.00	834.00
Securities—at cost, less reserve	28,779.00	28,978.00	199.00
Deferred charges	117.42	76.46	40.96
	$43,821.55	$32,282.39	$11,539.16
LIABILITIES			
Note payable	.....	$ 3,500.00	$ 3,500.00
Accounts payable	$ 1,284.04	2,855.53	1,571.49
Liability for funds administered	39.37	39.37	.....
Unearned income	6,671.00	2,074.50	4,596.50
Reserve for Medico-Legal Defense Fund	9,225.30	12,048.60	2,823.30
Net worth	26,601.84	11,764.39	14,837.45
	$43,821.55	$32,282.39	$11,539.16

Notes receivable for dues represent the uncollected portions of notes taken in settlement of 1931, 1932 and 1933 dues. No payments were received on these notes during the year ended December 24, 1938.

Accounts receivable for advertising, reprints and cuts were analyzed as to date of charge and are classified in comparison with the balances at December 24, 1937, as follows:

DATE OF CHARGE	DECEMBER 24, 1938 Amount	Per Cent	DECEMBER 24, 1937 Amount	Per Cent
October, November and December	$ 946.58	73.26%	$ 981.51	70.59%
July, August and September	198.50	15.37%	100.45	7.23%
January to June, inclusive	22.47	1.74%	10.25	.74%
Prior to January 1	124.45	9.63%	298.08	21.44%
TOTAL	$1,292.00	100.00%	$1,390.29	100.00%

The balances due from county societies represent dues collected for the Society by two county societies and impounded in depositary banks. As funds are released by the banks, the Society's share is to be forwarded by the county societies. No payments were received during the year on these two accounts. Accounts receivable from exhibitors for space at the 1939 annual meeting include only accounts with exhibitors who have made deposits on the spaces reserved for them. In prior years, reservations have not been taken prior to the close of the year. The income from the sale of this space has been deferred to the 1939 period. The collectibility of the notes and accounts receivable was discussed with the Executive Secretary and, in our opinion, the reserve in the amount of $425.00 is sufficient to provide for collection losses anticipated at the date of this report.

A schedule of securities owned is included in a later section of this report and sets forth the principal amount, cost and quoted market prices at December 24, 1938. Unlisted securities have been valued from information furnished by brokers as to the current bid and sale prices. The only change during the year in the securities owned by the Society was occasioned by the receipt of a first and final dividend on bonds of the National Electric Power Company, in the principal amount of $5,000.00, held in the General Fund of the Society. The net loss on these securities in the amount of $4,462.21 was practically offset by a reduction in the reserve to reduce securities to aggregate quoted market prices at December 24, 1938. The reserve applicable to securities of the Medico-Legal Defense Fund has been increased in the amount of $648.00. The net effect of the disposal of securities and adjustment of the reserve for securities is shown in the following summary:

	Total	General Fund	Medico-Legal Defense Fund
Loss on disposal of securities	$4,462.21	$4,462.21	.....
Change in reserve for securities	4,418.50	5,066.50	648.00
NET LOSS ON SECURITY TRANSACTIONS	$ 43.71	$ 604.29	$648.00

None of the bonds owned by the Society are in default. Matured coupons not cashed at December 24, 1938, have been included at face amount, but no other accrued interest receivable has been included in the balance sheet.

Deferred Charges as shown in the balance sheet represent costs incurred prior to December 24, 1938, in connection with advertising for the 1939 annual meeting. In our opinion, such items are properly chargeable to future operations.

As far as we could ascertain, provision has been made for all liabilities at December 24, 1938. No provision has been made, however, for any liability that the Society might have in connection with pay roll taxes for the years 1936, 1937 and 1938, as there is a question as to whether or not the Society is liable for such taxes. No pay roll taxes have been paid by the Society nor have any assessments been made by taxing authorities.

Income from the rental of exhibitors' space at the 1939 annual meeting has been deferred, as mentioned heretofore. Collections of 1939 dues and overpayments of dues for prior years have also been shown as unearned income, and, in our opinion, represent income applicable to the ensuing year, except such portion as will be credited to the Medico-Legal Defense Fund, when it is determined what portion, if any, of 1939 dues will be allocated to that fund.

A separate schedule included herein shows in summary the changes in the Medico-Legal Defense Fund Reserve. In prior years, a certain portion of each member's dues and the interest and dividends on securities allocated to that fund have been credited to the reserve. During the year ended December 24, 1938, this reserve has been credited only with a portion of 1937 dues collected in 1938 and interest and dividends on investments, although it was noted that the budget for the year 1938, approved at the Council meeting on January 13, 1938, provided an appropriation of $3,500.00 to the Medico-Legal Defense Fund. Due to the fact that receipts credited to this fund during the year amounted to only $528.65, this reserve was materially reduced. The additional reserve to reduce securities in this fund to their aggregate quoted market prices at December 24, 1938, in the amount of $648.00 has also been charged to the Medico-Legal Defense Fund Reserve.

Surety bonds on officials and an employee of the Society at December 24, 1938, were as follows: Medical Secretary, $15,000.00; Treasurer, $35,000.00; Executive Secretary, $5,000.00; Bookkeeper, $5,000.00.

Income and Expense Statement

A statement of income and expense for the fiscal year ended December 24, 1938, is included herein, prepared in comparison with the statement for the preceding year. A comparative statement of expenses for the two years is also included.

The increase in income from membership fees arises from the increase in the amount of the annual dues to $12.00 and to the fact that no portion of current fees was allocated to the Medico-Legal Defense Fund as mentioned previously. There was also an increase in the membership of the Society during the year.

As in prior years, $1.50 of each member's annual membership fee has been allocated to subscription income of THE JOURNAL of the Michigan State Medical Society. Net income of the JOURNAL was slightly more than during the preceding year. We call attention to the fact that income of the JOURNAL is not charged with any part of the expenses of the executive office.

Scope of Examination

The scope and nature of our examination and the extent of our tests of the detail transactions are outlined in the following comments:

The demand deposit and savings deposit were confirmed by correspondence with the depositary bank and by reconcilement of the balances reported to the amounts shown herein. The office cash fund was counted on the morning of December 28, 1938, and our count was reconciled to the amount shown herein. Recorded cash receipts for six months of the year under review were traced to deposits shown by the bank statements on file. The recorded cash disbursements for three months of the year were compared with canceled bank checks, invoices and other memoranda. To the extent of the tests made, no irregularities were disclosed.

Notes receivable were inspected by us. Accounts receivable were in agreement with trial balances of the individual accounts. We did not correspond with any of the debtors to confirm the accuracy of the book records. We examined contracts and other data to confirm accounts receivable from exhibitors for space at the 1939 annual meeting. The amount shown as due from the Grand Rapids Trust Company was confirmed by correspondence with that company.

Securities were inspected on December 27, 1938, and market quotations were obtained to ascertain their market prices at December 24, 1938.

We did not correspond with the recorded creditors of the Society to confirm the liabilities at December 24, 1938; however, we examined unpaid invoices, expense reports, etc., received subsequent to that date to ascertain that all liabilities have been provided for. Transactions entering into the ac-

BALANCE SHEET
December 24, 1938

Assets				
Cash				
Demand deposit			$ 4,611.25	
Office cash fund			6.20	
Savings deposit			5,033.33	
				$ 9,650.78
Notes and Accounts Receivable				
Notes receivable for dues—past due		$ 80.00		
Accounts receivable:				
For advertising, reprints and cuts	$1,292.00			
From county societies for dues	75.19			
From exhibitors, for space at 1939 annual meeting	4,158.18	5,525.37		
			$5,605.37	
Less Reserve			425.00	
			$ 5,180.37	
Grand Rapids Trust Company			93.98	
				5,274.35
Securities				
Stocks and bonds—at cost		$34,611.25		
Less reserve to reduce to aggregate quoted market prices		6,007.25	$28,604.00	
Unclipped matured coupons on bonds			175.00	
				28,779.00
Deferred Charges				
Expense in connection with 1939 annual meeting				117.42
				$43,821.55
Liabilities				
Accounts Payable				
For current expenses, etc				$ 1,284.04
Liability for Fund Administered				
Couzens Foundation				39.37
Unearned Income				
Sale of exhibitors' space at 1939 annual meeting			$ 5,242.50	
Dues for the year 1939			1,428.50	
				6,671.00
Reserve				
For Medico-Legal Defense Fund				9,225.30
Net Worth				
Balance at December 25, 1937			$11,764.39	
Net increase for the year ended December 24, 1938			14,837.45	
				26,601.84
				$43,821.55

REPORT OF AUDITORS FOR 1938

INCOME AND EXPENSE STATEMENT
FISCAL YEAR ENDED DECEMBER 24, 1938

Income		
Membership fees		$49,192.00
Less: Allocated to JOURNAL income for subscriptions	6,151.12	
Allocated to Medico-Legal Defense Fund	4.25	
		$ 6,155.37
Net Income from Membership Fees		$43,036.63
Income from JOURNAL—as shown by schedule		1,942.98
Interest received		708.33
Miscellaneous income		156.98
Total Income		$45,844.92
Expenses—as shown by schedule		
Administrative and general office		$16,949.26
Society activities		7,655.40
Committee expenses		6,135.57
		$30,740.23
		$15,104.69
Other Deductions		
Loss on sale of securities		$ 4,462.21
Adjustment of inventory of "Medical History of Michigan"		834.00
Interest paid		22.45
Bad accounts charged off or provided for		.08
Miscellaneous		15.00
		$ 5,333.74
Net Income		$ 9,770.95
Add adjustment of reserve to reduce securities of the General Fund to quoted market prices		5,066.50
Increase in Net Worth		$14,837.45

INCOME FROM "THE JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY"
FISCAL YEAR ENDED DECEMBER 24, 1938

Income		
Subscriptions from members		$ 6,151.12
Other subscriptions		112.00
Advertising		10,269.20
Reprint sales		1,857.98
Journal cuts		166.96
		$18,557.26
Expenses		
Editor's salary		$ 3,000.00
Editor's expense		600.00
Printing and mailing		10,144.90
Cost of reprints		1,423.21
Discount and commissions on advertising		1,196.17
Postage		250.00
		$16,614.28
Net Income		$ 1,942.98

EXPENSES
FISCAL YEAR ENDED DECEMBER 24, 1938

Administrative and General		
Secretary's salary		$ 2,400.00
Executive secretary's salary		6,000.00
Other office salaries		4,000.05
Office rent		720.00
Printing, stationery and supplies		989.91
Postage		738.02
Auditing		250.00
Insurance and fidelity bonds		190.77
Telephone and telegraph		460.55
Legal expense		35.00
New equipment		994.78
Unclassified		170.18
		$16,949.26
Society Activities		
Council expenses		$ 3,012.50
Education expenses		.....
Delegates to American Medical Association		1,675.56
Secretaries' conference		740.61
Secretary's letters		523.28
Traveling expense		2,218.63
Legal expense		.....
Reporting annual meeting		130.39
Organizational expense		.....
Publications		18.90
Honorarium		.....
American Medical Association survey		29.38
Sundry society expense		820.59
		$ 9,169.84
Less revenue from annual meeting in excess of cost thereof		1,514.44
		$ 7,655.40
Committee Expenses		
Legislation committee		$ 775.29
Committee on distribution of medical care		676.12
Contribution to Joint Committee on Public Health Education		875.00
Cancer committee		802.95
Preventive medicine committee		119.51
Postgraduate conferences		1,328.80
Public relations committee		509.10
Ethics committee		42.72
Economics committee		.....
Maternal welfare committee		150.10
Iodized salt committee		286.25
Advisory committee on women's auxiliary		110.74
Sundry other committees		458.99
		$ 6,135.57
Total		$30,740.23

MEDICO-LEGAL DEFENSE FUND RESERVE
FISCAL YEAR ENDED DECEMBER 24, 1938

Balance at December 25, 1937			$12,048.60
Disbursements			
Douglas, Barbour, Duesenberg and Purdy—legal services	$1,682.06		
Wm. Stapleton, Jr.—salary	999.96		
Miscellaneous	21.93		
		$2,703.95	
Receipts			
Interest received on securities	$ 524.40		
Apportionment of 1937 membership fees collected in 1938	4.25		
		528.65	
			2,175.30
			$ 9,873.30
Increase in reserve to reduce securities to aggregate quoted market prices			648.00
Balance at December 24, 1938			$ 9,225.30

counts of the Medico-Legal Defense Fund for the year were reviewed by us.

In addition to our examination of the items included in the balance sheet as outlined above, we made tests of transactions entering into the income and expense accounts. Unused membership certificates were examined to confirm the income from dues. Interest received was checked by inspection of unclipped coupons on bonds. Tests of advertising income were made by comparison of billings for advertising with space used in three issues of the JOURNAL. We also reviewed the items charged to the major expense accounts for the year.

Opinion

In our opinion, based upon our examination, the accompanying balance sheet and related statements of income and expense fairly present the position of the Society at December 24, 1938, and the results of its operations for the year ended at that date. Further, it is our opinion that the statements have been prepared in accordance with accepted principles of accounting and on a basis consistent with the preceding year.

ERNST & ERNST,
Certified Public Accountants

WOMAN'S AUXILIARY

President—Mrs. P. R. Urmston, 1862 McKinley Avenue, Bay City, Michigan
Sec.-Treas.—Mrs. R. E. Scrafford, 2210 McKinley Ave., Bay City, Michigan
Press—Mrs. J. W. Page, 119 N. Wisner Street, Jackson, Michigan

PUBLIC RELATIONS

This year the Public Relations Committee of the Woman's Auxiliary faces two major questions—group hospitalization and socialized medicine, both of which have occupied the attention of the State Medical Society for several months.

(Photo by Coulter Studio, Grand Rapids, Mich.)

ANNA S. COLLISI

Although the State Society as yet has not requested the assistance of the auxiliary it would be well to be thoroughly cognizant of the action of the House of Delegates, and to become properly informed on the subject of group hospitalization. When and if plans are adopted, auxiliary members would be prepared to discuss this most vital question in women's clubs and organizations whenever appropriate occasions arise.

Socialized medicine has been publicized so long that every auxiliary member has some knowledge of it. The question is so vital to the medical profession that auxiliary members should thoroughly understand it and be prepared to discuss it in every way, particularly its effect upon the confidential relationship of physician and patient.

Both group hospitalization and socialized medicine will require enabling legislation before they can be made effective.

Obviously, the important factors by which can be disseminated are medical speakers at lay meetings and press articles by lay writers. The facts must come from authentic medical sources—the Public Relations Committees of the State Society and the Woman's Auxiliary.

May I urge each County Public Relations Committee and individual auxiliary member to begin at once a most thorough study of these two questions; that they contact as many lay groups as possible; and that they become civic-conscious to the extent that it will react favorably in gaining public support and confidence.

Respectfully submitted,
ANNA S. COLLISI, *Chairman,*
Public Relations Committee.

Jackson County

Tuesday evening, January 17, the Women's Auxiliary held a dinner meeting at the Hotel Hayes.

The group was greatly honored by the presence of Dr. Morris Fishbein, who talked for a few minutes before going into the Medical Society's meeting, where he spent the remainder of the evening. Dr. Fishbein spoke briefly of the legislative problems confronting the medical field. He said compulsory health insurance holds two major threats. First, it would deteriorate the general quality of medical service. Second, it would represent a definite step in the direction of totalitarianism, a system in which the worker might conceivably be paying a substantial portion of his wages to the government for service which, under our Democratic system, he should be paying for directly himself, but which the government would be providing for him.

Dr. Fishbein spoke favorably of the voluntary nonprofit cash indemnifying program of group medical and hospital insurance which, earlier this month, was approved by the house of delegates of the Michigan State Medical Society.

Following Dr. Fishbein's talk, Mr. Bullen introduced Rev. Carl Winters, who gave a review of the current New York plays. He commented briefly on "Pins and Needles," "Sing Out the News," "Abe Lincoln In Illinois," "Hell's Apoppin'," and spoke more at length on "Knickerbocker Holiday."

Co-chairmen of arrangements for the evening were Mrs. Hanna and Mrs. McGarvey.

ANNA HYDE SHAEFFER,
Press Chairman.

Kent County

January proved to be an interesting month for auxiliary members. The Persian Coffee, given under the auspices of the Hygeia and Philanthropic committees, was not only a financial success but very enjoyable. Mrs. Carl F. Snapp, our hostess, who opened her home for the affair, was assisted by our President, Mrs. William J. Butler. Co-chairmen were Mrs. Wallace H. Steffensen and Mrs. Joseph C. Tiffany, and very special compliments, indeed, go to Mrs. David B. Davis, whose delightful piano selections added so much charm and atmosphere. However, not the least of the credit is enthusiastically given to Mrs. Robert M. Eaton, whose tales of the charms of Persia inspired the whole affair and who, with her two children, exhibited authentic Persian costumes and curios.

At our regular meeting we enjoyed an enlightening talk given by Mr. Charles Orin Ransford, President of Herpolsheimer's department store, who chose as his topic "Economic Measles." Mr. Ransford is quite an authority on the subject, having conducted a survey of retail business in the United States, and

(Continued on page 252)

IODOBISMITOL *with Saligenin*

. . . for the patient with early syphilis
. . . for the patient who is sensitive to arsenic

A RECENTLY PUBLISHED clinical study[1] of combination bismuth therapy includes the comment that: "One of the problems of bismuth therapy for syphilis is to achieve a rapid rise of the metal in the blood stream to a therapeutic level and to keep it there without too great hardship on the patient. . . . This we believe we have achieved by the combined use of iodobismitol or sobisminol and weekly injections of bismuth subsalicylate. . . . Such a form of bismuth therapy would be particularly useful in the acute stage of syphilis when the patient is sensitive to arsenic and it is necessary to rely on other antisyphilitic measures. Moreover, for the patient with early syphilis, who is just starting therapy, this schema might be employed in the first course of bismuth therapy when the clinician is desirous of dealing a heavy blow to the spirochetes from another angle than that of arsenic."

Iodobismitol with Saligenin is a propylene glycol solution containing 6% sodium iodobismuthite, 12% sodium iodide, and 4% saligenin (a local anesthetic).

It is rapidly absorbed and slowly excreted and is useful in both early and late syphilis. It presents bismuth largely in anionic (electronegative) form.

[1] *Jl. A. M. A.* 111:2175 (Dec. 10), 1938.

SQUIBB ARSENICALS

Neoarsphenamine Squibb, Arsphenamine Squibb, and Sulpharsphenamine Squibb are prepared to produce maximum therapeutic benefit. They are subjected to exacting controls to assure a high margin of safety, uniform strength, ready solubility, and high spirocheticidal activity.

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claimed that the method of attacking our problems has been wrong, because we have taken the short range viewpoint and treated each new problem as a crisis instead of assigning it to its proper place in the general scheme of things.

Plans are already being made for spring, including arrangements for our annual open tea in April, which will feature an exhibit of members' hobbies.

JANE R. FRANTZ,
Press Chairman.

Kalamazoo County

On January 17, thirty-five members of the Woman's Auxiliary to the Academy of Medicine met at the home of Mrs. Ralph Fast for a coöperative dinner and a business meeting.

The President announced that the Auxiliary had been asked to send a representative to the Child Welfare Board.

Mrs. F. T. Andrews explained the indictment of the physicians in Washington, also the threat of the government to assess the American Medical Association.

Five ladies were welcomed as new members to the Auxiliary.

Following the business meeting, bridge and sewing were enjoyed.

(MRS. HUGO) BARBARA K. AACH,
Publicity Chairman.

Saginaw County

Forty-five members of the Saginaw County Medical Auxiliary met at the home of Mrs. F. J. Cady Tuesday evening, January 17. A business and social hour were enjoyed. House prizes were received by Mrs. Louis D. Gomon and Mrs. Donald V. Sargent. Refreshments were served by the hostess with the social committee, consisting of Mrs. Henry J. Meyer, chairman; Mrs. Wm. P. Martzawka and Mrs. J. A. Maurer, assisting.

MRS. MILTON G. BUTLER,
Publicity Chairman.

A Perverted Era

Many people are inclined to lay too much stress on the achievements of our time. We admit the progress in science and industry, but we deplore the decline in ethics and social relationship. The Ten Commandments are not observed as they should be.

Of course, everybody knows now that two main factors are at work. One is overpopulation, and the other the lack of adjustment of human relations to mechanics. The perversion which is shown by utilizing technical progress for mass destruction is perhaps the most discouraging symptom of modern times. It is true that every nation has a large number of intelligent people. They are, however, more or less powerless at present. The psychologist James saw that the whole world is actuated by "interest and emotion," as Schiller saw by "hunger and by love." People must eat. If there are too many people, they want their neighbors' food, and there is war. Why do people not use common sense?

A great change must come in the education of the masses, so that a more secure foundation is laid for a well regulated population. There are great modern problems to be solved. War will not help the situation. An enlightened humanity, in order to get order in the world, must start again on the right track which begins with the Ten Commandments.—DR. EMIL AMBERG, in *The Rainbow.*

MICHIGAN'S DEPARTMENT OF HEALTH

DON W. GUDAKUNST, M.D., Commissioner
LANSING, MICHIGAN

COMMUNICABLE DISEASE REGULATIONS REVISED

Rules and regulations of the Michigan Department of Health for the control of communicable diseases were considered by the State Council of Health meeting in advisory session with the state health commissioner at Lansing, January 11. The Council approved the following changes and additions to the regulations which become effective immediately:

1. All bites of humans by any dog are reportable to the health officer and to the Michigan Department of Health in the same manner as communicable disease and suspected communicable disease cases are reported.
2. All cases and types of pneumonia are designated to be reportable diseases. Pneumonia is to be reported as either bronchial or lobar pneumonia, and the type of organism causing the disease shall be reported whenever the sputum examination has revealed the type.
3. Blastomycosis is declared to be a reportable disease.
4. All diarrheas accompanied b a bloody discharge from the bowel shall be reportable and shall be reported as dysentery. All dysenteries shall be reported by type of causative organisms, when such has been determined.
5. Diarrheas of the newborn (infants under one month of age) occurring in babies in hospitals licensed or operating as maternity hospitals are declared to be reportable conditions. The circumstances surrounding the development of such disease must be investigated by the local or State Department of Health.
6. Paratyphoid fever shall be reported by type and sub-classification.
7. Influenza is declared to be a reportable disease at all times and not solely during epidemics.
8. Streptococcus sore throat is declared to be a reportable disease at all times and not solely during epidemics.
9. The disease favus is declared to be no longer a reportable disease.
10. The disease mumps is declared to be no longer a reportable disease.
11. Patients with rubella (German measles) need not be isolated nor contacts quarantined. However, children with the disease must be excluded from school and other public gatherings during the course of the disease.
12. Adult contacts, familial and extra-familial, to scarlet fever need not be quarantined unless the occupation of such contacts has to do with caring for children and the handling of food in any form.
13. The quarantine period for contacts to cases of poliomyelitis shall be reduced from fourteen days to seven days.
14. For the purpose of these regulations the term "isolation" shall be used to refer to the restrictions placed upon persons ill with, or suspected of having, a communicable disease. The term "quarantine" shall apply to the restrictions placed upon the use, movement or activities of all things or persons known to have been contaminated or exposed to a case or suspected case of communicable disease.

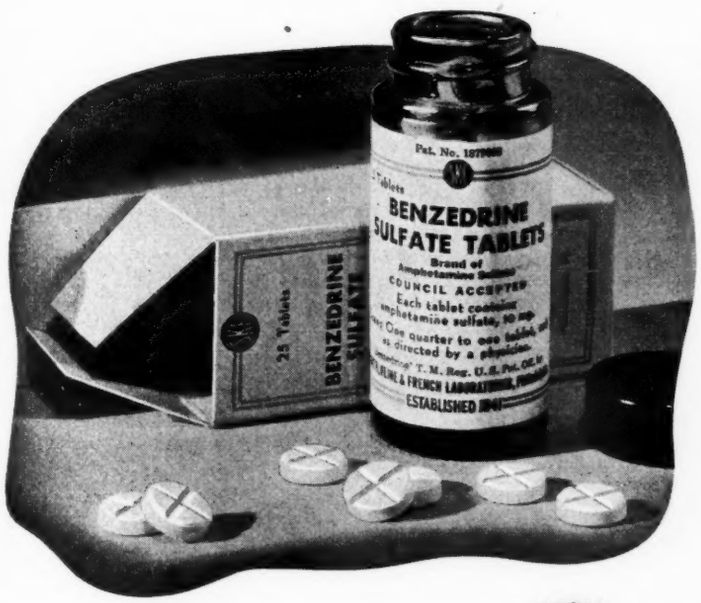
(Continued on page 254)

In

Post-Encephalitic Parkinsonism

'Benzedrine Sulfate Tablets'* are valuable in the treatment of the post-encephalitic parkinsonian syndrome. The investigators listed below report marked symptomatic relief in a majority of patients and a strikingly high percentage of subjective improvement.

'Benzedrine Sulfate Tablets', used alone or in conjunction with hyoscine, atropine or stramonium, eliminated or alleviated such symptoms as lowered energy and mood, tremor, insomnia, drowsiness and oculogyric crises.



SOLOMON, P.; MITCHELL, R. S. AND PRINZMETAL, M.: The Use of Benzedrine Sulfate in Postencephalitic Parkinson's Disease —*J. A. M. A.*, 108:1765, May 22, 1937.

FINKELMAN, I. AND SHAPIRO, L. B.: Benzedrine Sulfate and Atropine in Treatment of Chronic Encephalitis—*J. A. M. A.*, 109:344, July 31, 1937.

DAVIS, P. L. AND STEWART, W. B.: The Use of Benzedrine Sulfate in Postencephalitic Parkinsonism, *J. A. M. A.*, 110:1890, June 4, 1938.

MATTHEWS, ROBERT A.: Symptomatic Treatment of Chronic Encephalitis with Benzedrine Sulphate—*Am. J. Med. Sci.*, 195:448, April, 1938.

BENZEDRINE SULFATE TABLETS

*Each 'Benzedrine Sulfate Tablet' contains amphetamine sulfate, 10 mg. (approximately ⅙ gr.). The Council on Pharmacy and Chemistry of the A. M. A. has adopted amphetamine as the descriptive name for α-methylphenethylamine, the substance formerly known as benzyl methyl carbinamine. 'Benzedrine' is S.K.F.'s trademark for their brand of amphetamine.

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ESTABLISHED 1841

It is the patient that is controlled by isolation and the contacts by quarantine.

15. All cases of communicable disease having any animal reservoir or which are transmissible from animal to man, or man to animal, which come to the attention of the health officer shall, by resolution of the State Council of Health, be reported by that health officer to the Department of Agriculture. It shall be the duty of the full time local health officer to render such reports to the local representative of the State Department of Agriculture. It shall be the duty of the state commissioner of health to notify the state commissioner of agriculture of all such cases coming to his attention, together with such information as he has concerning the case.

The above changes will be incorporated in the revised Rules and Regulations for the Control of Communicable Diseases which will be published in March, 1939, by the Michigan Department of Health and made available to health officers and other physicians.

TUBERCULOSIS REGULATIONS

The State Council of Health of the Michigan Department of Health at a meeting in Lansing, January 11, put into effect a new set of regulations governing hospitalization of public charge cases of tuberculosis.

Amendments to the tuberculosis laws passed by the 1937 legislature provided for participation by the state in the care and treatment of public charge patients to the extent of one dollar and fifty cents per day for each such patient. This subsidy is paid to the county of legal settlement of the patient on condition that such county assumes the balance per diem cost and that the hospital or sanatorium is approved by the state commissioner of health. All vouchers submitted for payment of the subsidy must be approved by the state commissioner of health.

In effect, the law imposes very important responsibilities on the health commissioner for judicious expenditure of nearly two million dollars annually from state funds. The new regulations were designed to afford assurance that adequate facilities for modern treatment shall be provided by the approved tuberculosis institutions, that adequate reports shall be received by the Department of Health and that expenditures of appropriations shall be conserved for the treatment of bona fide cases of active reinfection disease.

Three of the regulations are of special interest to all physicians who refer tuberculosis cases to approved hospitals and sanatoria for treatment at public expense. These are quoted below with brief comments on their significance to the practicing physician.

1. "An official application signed by the patient, a physician and the health officer of the jurisdiction in which the patient resides, must be on file in the records of the hospital or sanatorium at the time of admittance."

2. "No public charge patient shall be assigned to a bed in the hospital or sanatorium without a provisional diagnosis of active tuberculous disease having been established prior to admittance. This provisional diagnosis shall be based on information supplied to the medical director of the institution from the referring physician, out-patient department, clinic or health department. Confirmation of clinical findings in the form of laboratory and x-ray reports shall be supplied by the referring agency, except in emergencies."

In order to accomplish prompt hospitalization for his patient the physician should supply the health officer with a summary of the history and clinical findings, copies of laboratory reports and x-ray films to be forwarded to the hospital or sanatorium with the application.

3. "No case of primary pulmonary tuberculosis shall be admitted to the hospital or sanatorium as a public charge case, unless pneumonic type parenchymal infiltration or evidence of pleural inflammation is visible on an x-ray film of the chest; which film shall have been made within thirty days prior to filing of the application for admittance. Infants under 18 months of age and young adults of the negro race showing x-ray and clinical evidence of massive active tracheobronchial tuberculous lymphadenopathy may be admitted when clinical condition warrants."

MORTALITY AND NATALITY IN 1938

Provisional vital statistics for 1938 released by the Bureau of Records and Statistics confirm earlier predictions that new health records would be established during the past year.

The state birth rate of 18.70 is the highest since 1930. A total of 95,385 births was reported in 1938, compared with 91,566 the previous year when the rate was 17.98.

The general death rate of 9.90 equals the 1934 rate. With the exception of 1932 and 1933 this rate is the lowest in history. There were 50,470 deaths reported last year, compared with 53,468 reported in 1937.

Infant mortality continued its gradual decline in 1938, reaching the new low rate of 45.14 deaths per 1,000 live births. The lowest previous rate occurred in 1935 when it was 47.77 Last year 4,306 infants died before completing the first year of life, while 4,374 similar deaths were reported in 1937.

Maternal mortality in 1938 again equaled the all-time low rate established in 1937. The rate was 3.56 deaths per 1,000 live births and the total number of maternal deaths was 340.

Ten major causes of death accounted for 35,978 or 71 per cent of the total mortality in 1938. Heart disease, cancer and apoplexy continued to head the list in the order named. Each of these showed an increase over 1937 mortality reports. Deaths from heart disease increased from 9,726 in 1937 to 10,025 in 1938 to set the highest toll ever attributed to this cause in Michigan. Cancer deaths increased from 5,528 to 5,755 last year. Deaths from apoplexy increased from 4,195 in 1937 to 4,362 in 1938.

Coronary disease and angina pectoris moved into fourth position among the major causes of death to replace pneumonia. There were 3,338 deaths attributed to coronary disease and angina last year compared with 3,045 deaths in 1937. Pneumonia deaths declined from 4,098 in 1937 to 2,845 last year.

Nephritis continued in sixth place as a cause of death, but deaths attributed to this cause declined from 2,931 in 1937 to 2,755 last year. Another decline was also reported in deaths due to accidents other than those caused by automobiles. All forms of accidental deaths exclusive of automobile totaled 2,112 in 1938 compared with 2,405 the previous year.

Deaths caused by automobile accidents dropped off sharply in 1938, this cause dropping to tenth place among the major causes of death. A total of 1,444 automobile deaths were reported last year compared to the all-time high total of 2,175 such deaths in 1937. Tuberculosis moved up into eighth place in the list as the cause of 1,862 deaths. This figure was a decline, however, from the 2,119 deaths atttributed to this cause in 1937. Deaths attributed to premature birth totaled 1,480 last year compared with 1,415 infant deaths from this cause in 1937.

(Continued on Page 256)

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Patients who come to us for Surgical Appliances often remark how much they appreciate the sympathetic care and attention they receive. We strive continually to wait on each customer in this same friendly manner.

Perhaps you are looking for a reliable appliance store where you can be certain your patients will be kindly received and properly fitted. If so, why not try Hartz. Only the highest quality surgical appliances incorporating the latest designs and improvements are sold. These fine appliances are adjusted by experienced fitters who know how to fit each type of case, and they see to it that patients get the maximum assistance from every garment.

Substantial price reductions were recently made on many stock items. For example: $10 Hood Truss now $7.50; $5 Elastic Hose $3.75. These new low prices will encourage your patients to buy the appliances they need **now.** Send your patients to Hartz for these better appliances at lower prices. Illustrated folder on request.

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PHARMACEUTICAL MANUFACTURERS • MEDICAL SUPPLIES

DR. CAMPBELL APPOINTED CONSULTANT ON MATERNAL HEALTH

Dr. Alexander M. Campbell of Grand Rapids has been appointed as consultant on maternal health to the Bureau of Maternal and Child Health. Dr. Campbell, nationally known authority on obstetrics and gynecology, is chairman of the Maternal Health Committee of the Michigan State Medical Society. He has given up his private practice to devote his full time to his new position.

Dr. Campbell will work intensively with the 54 maternal health committees of the county medical societies, stimulating their interest in maternal mortality and morbidity in their respective areas, including actual case studies. He will promote continuous maternal health programs carried on under the direction of the local societies. In addition to his activities among the medical profession, Dr. Campbell will also carry on a general maternal health educational program among lay groups and agencies concerned with the provision of adequate maternal care.

This program has been made possible through the coöperation of the State Medical Society, the W. K. Kellogg Foundation, the University of Michigan, and the State Department of Health. This new service, while statewide in scope, will be centered in selected areas for a period of intensive activity before being transferred to another district.

Dr. Campbell is a graduate of Wayne University College of Medicine. In addition to his membership in the State Medical Society, he is a fellow of the American Medical Association and is a member of the American Association of Obstetricians, Gynecologists and Abdominal Surgeons, the American Gynecological Society, the American College of Surgeons, and the Detroit Obstetrical and Gynecological Society. He has also been appointed special lecturer on maternal welfare in the Department of Postgraduate Education, University of Michigan, and consultant on obstetrics for the U. S. Public Health Service.

PNEUMONIA BULLETIN FOR PHYSICIANS

A bulletin for physicians on the serum treatment of pneumonia has been published by the Michigan Department of Health. The bulletin describes the use of antipneumococcic serum, the collection and typing of sputum, indications and contra-indications for serum therapy, and the mode of administration of serum. Serum distributing stations and laboratories for pneumococcus type determinations are also listed in the bulletin. Physicians who have not already received a copy, may do so upon request to the Michigan Department of Health at Lansing.

During the past year the Michigan Department of Health has carried on an intensive program to aid physicians in reducing pneumonia mortality. This program has included the production of low cost, potent sera for the treatment of Types 1 and 2 pneumonia, the establishment of distribution centers throughout the state where this serum may be obtained free, the organization of laboratory service for the rapid typing of pneumonia cases, and the education of the public to seek necessary early medical care.

Serum for the treatment of Types 1 and 2 pneumonia is now being distributed from 77 supply centers in Michigan. There are 137 public and private laboratories throughout the state which have been certified for pneumococcus typing. There have been 986 doses of Type 1 serum and 775 of Type 2 serum made available to physicians since the intensive program was started.

Through the coöperation of the U. S. Public Health Service and the Metropolitan Life Insurance Company, the Department is also sponsoring the showing in Michigan motion picture theaters of "A New Day," an educational trailer on the modern treatment of pneumonia. The showing of this picture may be arranged upon application to the Michigan Department of Health.

BRANCH LABORATORY ESTABLISHED AT POWERS

A new branch laboratory of the Michigan Department of Health has been established in the Pinecrest Sanatorium at Powers. This new Upper Peninsula laboratory was opened January 18. It is located at this railroad communication center of Menominee County where it will be possible to provide more rapid diagnostic service in the control of communicable diseases to the physicians and health officers in the southern and eastern areas.

A regional conference of the staffs of the nine county and district health departments of the Upper Peninsula was held with the state health commissioner and other state health officials to inaugurate the new laboratory service and to coördinate the department policies. County medical societies of Dickinson, Delta and Menominee Counties also met with the commissioner at the new laboratory.

Dr. C. C. Young, director of the Bureau of Laboratories, has assigned Dr. George D. Cummings, assistant director of the Central Diagnostic Laboratories at Lansing, to organize the new laboratory service at Powers. In addition to the new branch laboratory, the Department also maintains a branch at Houghton and the Western Michigan Division Laboratory at Grand Rapids as well as the Central Laboratories at Lansing.

DR. ALBERT McCOWN APPOINTED DEPUTY COMMISSIONER

Albert McCown, M.D., former director of the maternal and child health division of the Federal Children's Bureau, has been appointed deputy commissioner of the Michigan Department of Health, effective February 1, according to an announcement made by Dr. Don W. Gudakunst, commissioner. Dr. McCown, in addition to his other administrative duties, will be in charge of local health services.

MAY DAY—CHILD HEALTH DAY, 1939

Health organizations throughout the state are planning to celebrate Monday, May 1, as May Day —Child Health Day, 1939 with appropriate activities emphasizing the child's health, development and well-being throughout life.

Miss Marjorie Delavan, director of the Bureau of Education of the Michigan Department of Health, has been appointed May Day chairman and is cooperating with local groups who are planning special programs.

PERSONNEL

Dr. Filip C. Forsbeck, director of the Bureau of Epidemiology, has resigned to accept a position with the United States Public Health Service, effective March 1. In his new position Dr. Forsbeck will make a study of dysentery in the Ohio River Valley. His headquarters will be at Cincinnati. Dr. A. W. Newitt, who has been chief of the Division of Tuberculosis, has been appointed acting director

of the Bureau of Epidemiology to succeed Dr. Forsbeck.

Dr. T. M. Koppa, former director of the Bureau of Communicable Diseases of Wyoming, has been appointed to the staff of the Bureau of Epidemiology.

Dr. Berneta Block, field physician for the Bureau of Maternal and Child Health, has been transferred to the Bureau of Epidemiology to take charge of the typhoid fever control program.

Dr. Norman DeNosaquo, who has been attached to the Bureau of Epidemiology, has been assigned to Midland County, where he will serve as director of the County Health Department during the absence of Dr. Edwin H. Place. Dr. Place is on leave of absence to the University of Michigan, where he is continuing his public health training.

William Carey, formerly of the Detroit Department of Health, has been appointed to the staff of the Michigan Department of Health as sanitarian in charge of resort and camp sanitation.

Stuart T. Friant, formerly assistant to the late Dr. W. J. V. Deacon, director of the Bureau of Records and Statistics, has been appointed the new director of that bureau.

Harmon J. Chamberlain has been appointed to the staff of the Bureau of Education, where he will be in charge of the Department's library service.

IN MEMORIAM

Dr. Stephen H. Knight

Dr. Stephen H. Knight died at his home in Detroit on February 9, at the age of seventy-six years. He was president of the staff of Grace Hospital and had been connected with the hospital since 1888 when he came to Detroit to be the first surgical house officer of the hospital.

Dr. Knight was a member of an old Yankee family, his ancestors dating back to 1635 in American history. Members of his family have fought in every colonial and American war. Dr. Knight served during the World War as chairman of the war-time Medical Advisory Board of Michigan and his two sons, Hale G. and Rufus H. Knight, served in the United States Navy. Born in Salem, Massachusetts in 1862, Dr. Knight was graduated from the Salem grammar and high schools and in 1883 from Harvard. In 1886 he received his medical degree from the New York Homeopathic Medical College. He was a founder of the American College of Surgeons, a fellow of the American Medical Association and the American Institute of Homeopathy, as well as the state and local medical societies. He was a past president of the Detroit and Michigan Societies of the Sons of the American Revolution; governor of the Michigan Society of Sons of Colonial Wars; and also held membership in the Masonic Order, the Detroit Athletic Club, the University Club and the Grosse Ile Golf and Country Club.

Mrs. Knight, who was Elizabeth Gifford of Salem, died a year ago. Surviving Dr. Knight are his two sons and several grandchildren.

General News And Announcements

100 Per Cent Club for 1939

Ingham County Medical Society
Luce County Medical Society
Manistee County Medical Society
Menominee County Medical Society
Muskegon County Medical Society
Ontonagon County Medical Society
Tuscola County Medical Society

Other County Medical Societies are near the 100 per cent mark—being out of the honorary club by just one or two members not having paid 1939 dues. Help your society to be in the 100 per cent Club.

The Michigan State Medical Society extends its deepest sympathy to Senator and Mrs. D. Hale Brake of Stanton in the recent loss of their son.

* * *

The Bay County Medical Society at its meeting of January 25, 1939, made the suggestion that each member subscribe to "America's Future" and place it on their waiting room table.

* * *

Write for a free supply of the booklet "On the Witness Stand," a small booklet which gives all the answers to the puzzling questions of socialized medicine, group hospitalization, coöperatives, etc. Distribute them to your patients and friends. Send your requests to 2020 Olds Tower, Lansing.

* * *

The Placement Service of the Michigan State Medical Society would appreciate being advised of any locations where a physician is needed—where the doctor has deceased or moved, or where the community is depending upon a physician in a distant town. Several capable young physicians are looking for these places.

* * *

A special meeting of the Kalamazoo Academy of Medicine was held on February 16 to discuss the "Federal Health Program." Secretary L. Fernald Foster of Bay City and Executive Secretary Wm. J. Burns were invited guests. Members of the dental, pharmaceutical and allied professions were also present.

* * *

Councilor Vernor M. Moore, Grand Rapids, and The Kent County Medical Society held a special District Meeting on February 8, to which all members of the Fifth Councilor District were invited. Doctor B. R. Corbus of Grand Rapids, President-Elect of the Michigan State Medical Society, was presented; he addressed the physicians on "Our Guild."

* * *

Your protection—(Amendment to the U. S. Constitution, adopted June 15, 1790): "Article 1. Con-

gress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the government for a redress of grievances."

* * *

Michigan physicians contributed articles to *The Journal of the American Medical Association* recently as follows: "Thymic Hyperplasia" by Clyde K. Hasley, M.D., of Detroit, appeared in the issue of January 28, 1939; and "Relief of Pain in the Bladder" by C. F. Schroeder, M.D., and Robert E. Cumming, M.D., of Detroit, appeared in the issue of February 4, 1939.

* * *

The Upper Peninsula Secretaries' Conference will be held at the Northland Hotel, Marquette, on Sunday, March 26, 11:00 A. M. to 3:00 P. M. Three informative addresses will be given. Secretary L. Fernald Foster, Bay City, and Executive Secretary Wm. J. Burns, Lansing, will be present.

All members of the M.S.M.S. who reside in the Upper Peninsula are cordially invited to attend this interesting conference.

* * *

The Henry Ford Hospital is planning a series of clinics and lectures to be held April 14 and 15. The occasion is a reunion of former and present staff members, and the program will be given largely by ex-members of the staff. Among those who are on the program are Dr. Russell L. Haden, Chief of the Medical Department of the Cleveland Clinic, and Dr. Everett T. Plass, Professor of Obstetrics at the University of Iowa.

* * *

Speakers on any medical or medico-economic subject are available through the Executive Office, for professional and lay groups. When you desire a speaker, write 2020 Olds Tower, Lansing, specifying the subject you wish discussed, the type of audience, and other pertinent details. Every effort will be made to obtain an outstanding lecturer in the field you choose. Allow ample time (at least two weeks) for the speaker to make arrangements to attend your meeting.

* * *

The Michigan Association of Industrial Physicians and Surgeons will hold its annual meeting in Lansing, Hotel Olds, on April 19, 1939. Earl I. Carr, M.D., of Lansing is President; Don F. Kudner, M.D., Jackson, Secretary; Frank McCormick, M.D., Detroit, Vice President. The Board is composed of the above plus J. Duane Miller, M.D., of Grand Rapids and A. H. Whittaker, M.D., of Detroit. The program of the annual meeting will be published in the April JOURNAL.

Have You Moved?

It is important that the mailing list of THE JOURNAL of the Michigan State Medical Society be kept up to date and accurate. Members are invited to help us in this work. When and if you change your mailing address, please drop a card to THE JOURNAL, giving your new address. If you would like to have your copy of THE JOURNAL sent to your home instead of your office (or vice versa), write the Executive Office, 2020 Olds Tower, Lansing. Please submit changes in address promptly to assist THE JOURNAL in avoiding delay in making mailing list revisions. We desire to have THE JOURNAL reach you each month without delay.

Enabling legislation to permit the legal offering of voluntary non-profit group medical care and group hospitalization is now being considered by the Michigan Legislature. Indications are that the Legislature will favor such a law and will act promptly. Write your Representative(s) and Senator(s) requesting a copy of H.B. 145, the group hospitalization Bill, and H.B. 215, the group medical care bill. Your legislator will be pleased to hear from you.

* * *

Afflicted Child Commitments for month of January, 1939—Total cases, 2,071, of which 265 went to University Hospital and 1,806 went to miscellaneous hospitals. From the above, Wayne County sent 37 to University Hospital and 378 to miscellaneous hospitals, for a total of 415 cases.

Crippled Child Commitments: total cases, 251, of which 69 went to University Hospital, and 182 to miscellaneous hospitals. From the above, Wayne County sent 4 to University Hospital and 47 to miscellaneous hospitals, for a total of 51.

* * *

Ten more of your friends who displayed their products and services at the 1938 Detroit Convention last September. When you have an order, don't forget your friends!

Nestle's Milk Products Company, New York City
Parke, Davis & Company, Detroit, Michigan
Pelton & Crane Company, Detroit, Michigan
Pet Milk Company, St. Louis, Missouri
Petrolagar Laboratories, Inc., Chicago, Illinois
Philip Morris & Co., Ltd., New York City
Physicians Equipment Exchange, Detroit, Michigan
Picker X-Ray Corporation, Detroit, Michigan
Pocahontas Fuel Company, Detroit, Michigan
Professional Management, Battle Creek, Michigan.

* * *

Grand Rapids will be host to the Michigan State Medical Society next September when physicians from all parts of Michigan will visit the Furniture Capital of America for the 74th Annual Convention. The 1939 Convention will be a *four-day* meeting, with thirty-eight prominent out-of-Michigan lecturers scheduled to bring you the latest advances in all branches of the practice of medicine. Plan now to attend this outstanding medical convention September 19, 20, 21, 22, 1939. Secure your hotel accommodations early.

* * *

Radio programs were sponsored by the Michigan State Medical Society Radio Committee during the past few weeks as follows:

January 16, 1939—"Dentistry's Part in Public Health," by K. R. Gibson, D.D.S.
January 23, 1939—"The Michigan Group Hospital and Medical Care Plan," by R. Lee Laird, M.D.
January 30, 1939—"Indigestion or Stomach Trouble," by Claire F. Vale, M.D.
February 6, 1939—"Discussion of Recent Dental Lectures and Examinations in Detroit Schools, and Facts about Dentistry for Children," by C. Wilfred Wilson, D.D.S.
February 13, 1939—"The Parole Clinic At Eloise Hospital," by Martin H. Hoffmann, M.D.
February 20, 1939—"Medicine and History," by Charles E. Dutchess, M.D.
February 27, 1939—"The Story of Diabetes," by George Thostesen, M.D.
March 6, 1939—"Marvels of Modern Surgery," by Roy McClure, M.D.
March 27, 1939—"Low Back Pain," by Frederick C. Kidner, M.D.

* * *

The 1939 A.M.A. Convention will be held in St. Louis, Missouri, on May 15 to 19. Many Michigan physicians will plan to attend the A.M.A. Sessions in St. Louis, as it is comparatively close. If you do plan to attend, write for hotel reservations immediately, or you may be disappointed.

The American Medical Golfing Association will hold its Twenty-fifth Annual Tournament at beauti-

ful Norwood Hills Country Club in St. Louis. Norwood is a thirty-six hole layout and will offer plenty of sport to the golfing enthusiast. Membership in the American Medical Association is open to any Fellow of the American Medical Association. Send your application to the Executive Secretary, 2020 Olds Tower, Lansing, Michigan. You will never forget the grand fellowship to be had at the Tournament, and you may be the lucky winner of one of the scores of handsome prizes distributed each year.

American Board of Obstetrics and Gynecology

The general oral, clinical and pathological examinations for all candidates, Part II Examinations (Groups A and B), will be conducted by the entire Board, meeting in St. Louis, Missouri, on May 15 and 16, 1939, immediately prior to the annual meeting of the American Medical Association. Notice of time and place of these examinations will be forwarded to all candidates well in advance of the examination dates. Candidates for re-examination in Part II must request such re-examination by writing the Secretary's Office before April 1, 1939. Candidates who are required to take re-examinations must do so before the expiration of three years from the date of their first examination. Application for admission to Group A, May, 1939, examinations must be on file in the Secretary's Office by March 15, 1939.

Application blanks and booklets of information may be obtained from Dr. Paul Titus, Secretary, 1015 Highland Building, Pittsburgh, (6) Pennsylvania.

American College of Surgeons

A sectional meeting of the American College of Surgeons will be held in Indianapolis with headquarters at the Claypool Hotel on March 22, 23 and 24. The following six states will participate: Indiana, Illinois, Michigan, Ohio, Wisconsin, and Iowa. An exceptionally interesting convention is anticipated. The program is varied. Among the forty-two numbers on the program are mid-day panel discussions, operative and non-operative clinics, educational and scientific exhibits, medical motion pictures, general surgery, a fracture clinic, and a public meeting, the subject of which will be conservation of health.

Among the distinguished visiting surgeons are Dr. Howard C. Naffziger of San Francisco, president of the American College of Surgeons, Dr. George Crile of Cleveland, Dr. Frank E. Adair of New York, Dr. Fred W. Bancroft of New York, Dr. George H. Gardner of Chicago.

The proximity of the place of meeting, Indianapolis, will insure a large delegation of surgeons from Michigan to this three day post-graduate course in surgery.

Van Meter Prize Award

The American Association for the Study of Goiter again offers the Van Meter Prize Award of Three Hundred Dollars and two honorable mentions for the best essays submitted concerning original work on problems related to the thyroid gland. The Award will be made at the annual meeting of the Association which will be held in Cincinnati, Ohio, on May 22, 23 and 24, 1939, providing essays of sufficient merit are presented in competition.

The competing essays may cover either clinical or research investigations; should not exceed three thousand words in length; must be presented in English; and a typewritten double-spaced copy sent to the Corresponding Secretary, Dr. W. Blair Mosser, 133 Biddle Street, Kane, Pennsylvania, not

later than April 15, 1939. The Committee, who will review the manuscripts, is composed of men well qualified to judge the merits of the competing essays.

A place will be reserved on the program of the annual meeting for presentation of the Prize Award Essay by the author if it is possible for him to attend. The essay will be published in the annual Proceedings of the Association. This will not prevent its further publication, however, in any Journal selected by the author.

* * *

Physicians who have addressed county medical societies and lay groups during the past month include:

T. W. Thompson, M.D., Traverse City, addressed the Alpena County Medical Society on December 13, 1938, on the subject of "Mental Hygiene."

Chairman of The Council P. R. Urmston and Secretary L. Fernald Foster of Bay City drove through a blinding snow storm and sub-zero weather to a meeting of the O.M.C.O.R.O. County Medical Society, on January 24. They discussed voluntary Group Hospital and Medical Insurance.

Paul Jordan, M.D., of Ann Arbor, addressed the Monroe County Medical Society on December 15, 1938, on the subject "The Doctor and the Child."

Don W. Gudakunst, M.D., State Commissioner of Health, spoke on "The Aims and Functions of the State Department of Health" at the meeting of the Monroe County Medical Society on January 19.

Robert L. Schaefer, M.D., of Detroit, discussed "Diagnosis and Treatment of Gonadal Immaturity" at the meeting of the Calhoun County Medical Society of February 7.

Carl D. Camp, M.D., of Ann Arbor, gave a lecture to the Bay County Medical Society on February 8 on the subject "Relations of Cardiovascular Lesions and Neurological Conditions."

T. E. DeGurse, M.D., of Marine City, spoke before the Lions Club of Port Huron on February 8. His subject was "Federal Health Program."

John K. Ormond, M.D., Ann Arbor, discussed "Kidney and Bladder Infections" at the meeting of the St. Clair County Medical Society on February 14.

L. Fernald Foster, M.D., of Bay City, spoke to the Berrien County Medical Society on February 15 on the subject "Medical Security." Executive Secretary Wm. J. Burns discussed "Michigan's Group Hospitalization and Medical Care Plans" at the same meeting.

L. G. Christian, M.D., and T. I. Bauer, M.D., of Lansing, presented the subject of "The Treatment of Pneumonia" before the Gratiot-Isabella-Clare County Medical Society on February 16. The presentation was divided into medical and specific treatment with serum.

David C. Kimball, M.D., of Detroit, addressed the Shiawassee County Medical Society on February 16 on the subject "Sedation in Obstetrics."

John Sander, M.D., Lansing, talked on the subject "Allergic Conditions in Childhood" at the meeting of the Eaton County Medical Society on February 16.

L. G. Christian, M.D., Lansing, spoke to the Lansing Exchange Club on February 20 on "Michigan State Medical Society's Group Medical Care Plan."

E. Perry McCullagh, M.D., of Cleveland, Ohio, presented a lecture to the Ingham County Medical Society on the subject of "Some Recent Trends in Clinical Endocrinology" at its meeting of February 21.

John B. Jackson, M.D., of Kalamazoo, gave the First Annual Crane Memorial Lecture on the sub-

ject of "Therapeutic Radiology" on February 21 to the members of the Kalamazoo Academy of Medicine.

A. E. Price, M.D., of Detroit, discussed "Pneumonia" at the meeting of the Bay County Medical Society on February 22.

Plinn Morse, M.D., of Detroit has presented a talk before the Kent County Medical Society on February 8, the Ingham County Medical Society on February 7, the St. Clair County Medical Society on February 28, on the subject "The National Health Program." Doctor Morse is scheduled to present "Causes of Sudden Death" at the meeting of the Ingham County Medical Society on March 21.

L. Fernald Foster, M.D., Bay City, spoke at the meeting of E.R.A. Administrators from seventeen southern counties of Michigan on March 8, on the subject "Michigan's Group Hospitalization and Group Medical Care Plans." Don W. Gudakunst, M.D., Lansing, addressed the administrators also.

Wilfrid Haughey, M.D., Battle Creek, spoke to the combined meeting of the Rotary Club and the Exchange Club of Sturgis on February 13. His subject was "Michigan's Group Hospitalization and Medical Care Plans."

Wm. J. Burns, Executive Secretary of the Michigan State Medical Society, addressed the Council of Social Agencies of Lansing on February 23 on the subject of "Michigan Group Medical Care Plans."

Wm. H. Marshall, M.D., of Flint, spoke to the Lapeer County Medical Society on January 13 on the subject of "The Recognition and Treatment of Early Heart Disease."

Claire Fulsome, M.D., of Ann Arbor, addressed the same meeting on the subject of what the State Department of Health's division of Maternal and Infant Welfare is doing.

* * *

Northern Tri-State Medical Association

The Northern Tri-State Medical Association comprises the states of Michigan, Ohio and Indiana. It was established in 1873 and is, therefore, one of the older medical institutions of this part of the United States. The annual meeting for 1939 will be held at South Bend, Indiana, on April 11, at the Hotel Oliver. The following are the speakers for the day, with their subjects:

A. C. Furstenberg, M.D., Dean and Professor of Otolaryngology, University of Michigan Medical School.—"Nasal Accessory Sinus Disease in the General Practice of Medicine."

Daniel P. Foster, M.D., Physician in Charge, Division of Metabolism, Henry Ford Hospital—"Newer Concepts of Diabetes Mellitus."

Charles G. Johnston, M.D., Professor of Surgery, Detroit College of Medicine—"Physiological Implications in the Management of Intestinal Obstruction."

David Edwin Robertson, M.D., Assistant Professor of Surgery, University of Toronto—"Fractures in Children."

Robert M. Moore, M.D., Clinical Professor of Cardio-Vascular-Renal Disease, Indiana University School of Medicine—"Some Remarks on the Diagnosis and Treatment of Heart Disease."

A. Jerome Sparks, M.D., Fort Wayne, Indiana—"Calculi in the Upper Urinary Tract."

Frank C. Walker, M.D., Indianapolis, Indiana—"The Relation of Cervical Lesions to Carcinoma of Cervix Uteri."

Harold N. Cole, M.D., Clinical Professor of Dermatology and Syphilology, Western Reserve University School of Medicine—"Relapse in Syphilis, its Importance in Diagnosis, the Public Health Aspect, and its Treatment."

Waldo E. Nelson, M.D., Department of Pediatrics, College of Medicine, University of Cincinnati—"The Treatment of Diabetes Mellitus in Children."

Bruce K. Wiseman, M.D., Associate Professor of Medicine, Ohio State University College of Medicine—"The Cytolytic Functions of the Spleen in Relation to the Blood Diseases."

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CREDIT IS DUE

Registration for Tuesday, September 20, 1938, at the MSMS Convention was as follows:

Drs. Hugo Aach, Kalamazoo; Charles D. Aaron, Detroit; Max Abramson, Detroit; Sidney Adler, Detroit; Jack

Agins, Detroit; J. H. Ahronheim, Jackson; R. W. Albi, Lake City; Herman F. Albrecht, Detroit; Reuben Guy Alexander, Laingsburg; C. H. Alexander, Kalamazoo; Norman M. Allen, Detroit; H. R. Allen, Battle Creek; L. K. Allen, Roseville; Walter Lyman Anderson, Detroit; J. W. Ankley, Detroit; Samuel S. Altshuler, Detroit; Florence Ames, Monroe; A. B. Armsbury, Marine City; O. S. Armstrong, Detroit; A. G. Armstrong, Detroit; Stilson R. Ashe, Detroit; R. M. Athay, Detroit; Lawrence R. Atler, Detroit; J. A. Attridge, Port Huron; J. J. Austin, Tawas City.

Drs. W. F. Bach, Detroit; Glenn R. Backus, Flint; Raymond B. Baer, Detroit; Abel J. Baker, Grand Rapids; Clarence Baker, Detroit; Robert H. Baker, Pontiac; Harry Balberor, Eloise; James I. Baltz, Detroit; R. H. Baribeau, Battle Creek; Vincent L. Barker, Monroe; F. W. Bartholic, Grass Lake; F. W. Baske, Flint; George Bates, Kingston; L. F. Bates, Durand; Ernest W. Bauer, Hazel Park; M. Baumer, Detroit; A. Duane Beam, Detroit; D. C. Beaver, Detroit; Irvin J. Beebe, Morenci; Wm. J. Beery, Detroit; L. E. Beeuwkes, Dearborn; J. Kenner Bell, Detroit; Joseph P. Belsley, Detroit; C. L. Bennett, Kalamazoo; Clifford D. Benson, Detroit; G. W. Benson, Escanaba; Clarence A. Berge, Detroit; James Wm. Bernebee, Kalamazoo; William L. Bettison, Grand Rapids; E. A. Bicknell, Detroit; G. Clare Bishop, Almont; H. M. Bishop, Saginaw; P. S. Black, Detroit; H. M. Blackburn, Grand Rapids; E. W. Blanchard, Deckerville; D. C. Bloemendaal, Zeeland; Franz Blumenthal, Detroit; S. Stephen Bohn, Detroit; W. W. Bond, Monroe; Gabriel D. Bos, Holland; Walter H. Boughner, Algonac; A. B. Bower, Armada; C. T. Bowey, Hillsdale; D. S. Brachman, Detroit; Robert M. Bradley, Flint; Louis Braitman, Detroit; F. W. Bramigk, Detroit.

Drs. Hira E. Branch, Detroit; Lionel Braun, Detroit; Clark D. Brooks, Detroit; A. O. Brown, Detroit; Geo. Maxwell Brown, Bay City; Harvey F. Brown, Detroit; Stanley H. Brown, Detroit; Paul G. Brownell, Highland Park; John D. Bryce, Detroit; M. J. Budge, Ithaca; H. L. Buller, Detroit; Jay M. Burgess, Detroit; Wm. M. Burling, Grand Rapids; Dean C. Burns, Petoskey; Howard B. Burnside, Detroit; H. A. Burrows, Dearborn; Frederick J. Burt, Holly; D. T. Burton, Detroit; B. B. Bushong, Traverse City; Nils O. Byland, Battle Creek.

Drs. Henry W. Cadieux, Detroit; Geo. H. Caldwell, Kalamazoo; Don B. Cameron, Grand Rapids; Duncan A. Cameron, Brighton; Alexander M. Campbell, Grand Rapids; Don M. Campbell, Detroit; Mary B. Campbell, Detroit; Mac D. Campbell, Detroit; Mary B. Campbell, Detroit; Leslie Caplan, Detroit; Luther C. Carpenter, Jr., Grand Rapids; Herman J. Carson, Detroit; W. L. Casler, Marquette; Ward R. Chadwick, Grand Rapids; M. S. Chambers, Flint; Donald Chandler, Grand Rapids; W. Earle Chapman, Cheboygan; Henry A. Chapnick, Detroit; Clyde H. Chase, Detroit; C. A. Christensen, Detroit; Geo. W. Christiensen, Detroit; B. W. Clark, Detroit; R. L. Clark, Detroit; C. G. Clippert, Grayling; Edgar G. Cochrane, Highland Park; H. Herbert Cohen, Eloise; W. C. C. Cole, Detroit; W. G. Colvin, Grand Rapids; C. W. Colwell, Flint; Basil L. Connelly, Detroit; Richard C. Connelly, Detroit; Edmond L. Casper, Detroit; Thos. H. Cooper, Port Huron; John J. Corbett, Detroit; J. C. Corsaut, Mason; R. P. Coseglia, Detroit; William J. Cassidy, Detroit; Hector M. Chabut, Jackson; Clifford P. Clark, Flint; Thos. H. Cobb, Woodland; L. Irving Condit, Detroit; G. V. Conover, Flint; A. J. Cortopassi, Saginaw; F. L. Covert, Gaines; Henry R. Craig, Eloise; Henry F. Crossen, Detroit; J. E. Curlett, Roseville; Geo. J. Curry, Flint; H. P. Cushman, Detroit; Frank J. Cushman, Lansing.

Drs. Harold M. Dana, Detroit; L. H. Darling, Lansing; Milton A. Darling, Detroit; P. H. Darpin, Detroit; Guy W. DeBoer, Grand Rapids; E. Hoyt DeKleine, Detroit; N. Del Zingro, Davison; A. J. Denike, Detroit; J. S. Detar, Milan; Daniel DeVries, Grand Rapids; H. G. DeVries, Holland; Paul C. DeWaele, Detroit; A. S. DeWitt, Detroit; Harry M. Dickman, Detroit; B. R. Dickson, Detroit; M. P. Dillard, Detroit; F. E. Dodds, Flint; William M. Donald, Detroit; Clarke Dorland, Lapeer; Chester A. Doty, Detroit; B. W. Dovitz, Detroit; Edward Dowdle, Detroit; Fred J. Drollet, Lansing; E. A. Drolshagen, Detroit; V. Droock, Detroit; C. F. DuBois, Alma; Aaron Dubnove, Detroit; E. M. Dundas, Detroit; Henry A. Dunlap, Detroit; Francis W. Dwyer, Detroit.

Drs. R. G. Edgar, Detroit; Clarence H. Eisman, Detroit; Seth W. Ellis, Detroit; R. J. Elvidge, Detroit; A. A. Engelman, St. Clair; John A. Engels, Richmond; Arthur W. Erkfitz, Detroit; Joseph M. Erman, Detroit.

Drs. M. L. Falick, Detroit; O. G. M. Farland, North Adams; D. H. Fauman, Detroit; Martin Z. Feldstein, Detroit; Ray L. Fellers, Detroit; Meryl Fenton, Detroit; Russell F. Fenton, Detroit; Lynn A. Ferguson, Grand Rapids; D. W. Fisher, Lansing; Fred B. Fisk, Jonesville; H. J. Flaherty, Detroit; Geo. A. Ford, Detroit; Earl H. Foust, Lansing; Gilbert E. Frank, Harbor Springs; Mable Freeman, Detroit; R. W. Fuller, Crystal; Alex S. Friedlaender, Detroit; Harold A. Furlong, Pontiac.

Drs. Sigmund Gabe, Detroit; David B. Gaberman, Detroit; H. C. Galantowicz, Detroit; L. Galdonyi, Detroit; Evan Garrett, Hartford; Nathaniel Gates, Detroit; L. J. Geerlings, Fremont; Louis W. Gerstner, Kalamazoo; Thos. E. Gibson, Paw Paw; Harold Ginsberg, Detroit; G. I. Golinvaux, Monroe; Gordon K. Glasgow, Detroit; B. F.

Glowacki, Detroit; M. I. Goldin, Detroit; Perry Goldman, Detroit; Dan M. Gordon, Detroit; Harry S. Gorelick, Detroit; Raymond S. Goux, Detroit; J. M. Grace, Eloise; W. A. Grant, Milford; Burt F. Green, Hillsdale; Arthur J. Griffith, Detroit; F. F. Grillet, Alanson; Otto Grob, Detroit; Oswald M. Gruhzit, Grosse Pointe; Don W. Gudakunst, Lansing; B. R. Gutow, Detroit.

Drs. Ralph Hager, Manton; K. S. von Haitinger, Hillsdale; Arthur S. Hale, Detroit; Arche C. Hall, Detroit; Geo. C. Hall, Adrian; Lee H. Halsted, Farmington; J. A. Haluska, Detroit; Carl W. Hammer, Oxford; Jas. L. Hammond, Inkster; Geo. C. Hardie, Jackson; Jesse T. Harper, Detroit; Wesley Harrison, Detroit; William L. Harrigan, Mt. Pleasant; Hallie Hartgraves, Detroit; Shattuck W. Hartwell, Muskegon; John B. Hartzell, Detroit; W. H. Haughey, Battle Creek; William C. Hawken, Detroit; I. Jerome Hauser, Detroit; John E. Hauser, Detroit; James W. Hawkins, Detroit; Chas. W. Heald, Battle Creek; Leonard P. Heath, Detroit; Dewey R. Heetderks, Grand Rapids; H. O. Helmkamp, Saginaw; M. H. Hendelman, Detroit; J. Bates Henderson, Pigeon; Fred N. Henig, Detroit; Ruth Herrick, Grand Rapids; Rose E. Herrold, Detroit; E. G. Hester, Saginaw; C. L. Hess, Bay City; H. W. Hewitt, Detroit; Edward A. Hier, Alpena; H. C. Hill, Howell; R. J. Himmelberger, Lansing; William Hipp, Detroit; T. Y. Ho, St. Johns; C. L. Hodge, Reading; R. W. Hodges, Detroit; E. C. Hoff, Detroit; M. A. Hoffs, Lake Odessa; F. J. Hohn, Saginaw; Russell J. Holcomb, Marine City; Benton A. Holm, Cadillac.

Drs. Henry T. Holt, Detroit; B. G. Holtom, Battle Creek; Fred L. Honhart, Detroit; George B. Hoops, Detroit; W. B. Hornsby, Clinton; Reece H. Horton, Detroit; John B. Horwitz, Detroit; James Houston, Swartz Creek; Philip J. Howard, Detroit; F. Howland, Adrian; Robert R. Howlett, Caro; Bert F. Howell, Detroit; Louis Hromadko, Detroit; J. Stewart Hudson, Grosse Point; W. A. Huegli, Detroit; M. R. Huffman, Milford; John I. Humphries, Windsor, Ontario; Fred M. Huntley, Lansing; W. B. Huntley, Jackson; W. H. Huron, Iron Mountain; Stanhope P. Huyck, Sunfield; William A. Hyland, Grand Rapids.

Drs. T. C. Irwin, Grand Rapids; Edward K. Isbey, Detroit; Peter Ivkovich, Detroit.

Drs. Robert Jaenichen, Saginaw; John W. James, Saginaw; W. Jaracz, Grand Rapids; Lawrence J. Jasion, Detroit; Robert W. Jennings, Eloise; Lydia Jesperson, Battle Creek; W. E. Jewett, Adrian; Ralph A. Johnson, Detroit; J. H. Johnson, Hillsdale; H. R. Johnson, Imlay City; O. G. Johnson, Mayville; P. R. Johnson, Mt. Pleasant; Ralph K. Johnson, Detroit; Richard M. Johnson, Eloise; E. V. Joinville, Detroit; Roy D. Jones, Highland Park; T. K. Jones, Marshall.

Drs. H. I. Kallet, Detroit; Z. L. Kaminski, Detroit; George Kamperman, Detroit; David M. Kane, Sturgis; Herbert S. Karr, Detroit; Joseph A. Kasper, Detroit; Jos. B. Kass, Detroit; Louis L. Kazdan, Detroit; L. R. Keagle, Battle Creek; Thos. F. Keating, Detroit; A. H. Keefer, Concord; K. B. Keeler, Albion; Henry J. Kehoe, Detroit; H. L. Keim, Detroit; Frank A. Kelly, Detroit; Thos. R. Kemmer, Grand Rapids; W. Lloyd Kemp, Birmingham; Jas. M. Kennart, Detroit; Herbert K. Kent, Lansing; W. H. Kern, Garden City; S. K. Keshishian, Detroit; Geo. I. Keskey, Marquette; A. T. Kibzey, Detroit; F. C. Kidner, Detroit; Edward D. King, Detroit; M. J. King, Detroit; Paul A. Klebba, Detroit; C. S. Kloeppel, Detroit; Chas. W. Knaggs, Detroit; Paul A. Koestner, Kalamazoo; M. E. Kohn, Detroit; Henry P. Kooistra, Grand Rapids; Joseph O. Kopel, Detroit; Frank R. Koss, Detroit; V. L. Kowalski, Detroit; John J. Kraus, Detroit; Arthur H. Kretchmar, Flint; Norman R. Kretzschmar, Ann Arbor; Earl G. Krieg, Detroit; M. J. Kritchman, Detroit; Lawrence A. Kroha, Detroit; C. G. Krupp, Grand Rapids; Harold J. Kullman, Detroit; Jos. A. Kurcz, Detroit.

* * *

I recall an amusing incident, related to me by the Chinese ambassador. A young Chinese was here in America. He was very anxious to perfect his English but would call his skin his hide. The ambassador called his attention to this and said, "Hide is never used in polite society, you must always say skin."

This young Chinese had a beautiful tenor voice and often sang solos in church. Shortly after his talk with the ambassador he was called upon to sing, and he convulsed the congregation by singing "Skin me Oh, my Saviour, Skin me," et cetera.

Chemistry Master: What is the most outstanding contribution that chemistry has given the world?

Student: Blondes.

Pearson's Weekly.

THE DOCTOR'S LIBRARY

Acknowledgement of all books received will be made in this column and this will be deemed by us a full compensation to those sending them. A selection will be made for review, as expedient.

ELEMENTARY ANATOMY AND PHYSIOLOGY. By James Whillis, M.D., M.S., F.R.C.S., University Reader in Anatomy, Guys Hospital Medical School; Formerly Lecturer in Anatomy in the University of Durham. Octavo, 352 pages, illustrated with 87 engravings. Cloth, $3.50, net. Philadelphia: Lea & Febiger, 1939.

This is an admirable work for the first year medical student or the layman who may be interested in the subject. The treatment of anatomy and physiology, one might say in the same paragraphs adds interest to both subjects. The work is heartily recommended for its clarity, as well as for the inherent interest in the subjects.

PRINCIPLES OF HEMATOLOGY. With 100 Illustrative Cases: By Russell L. Haden, M.A., M.D., Chief of the Medical Division of the Cleveland Clinic, Cleveland, Ohio; Formerly Professor of Experimental Medicine in the University of Kansas School of Medicine, Kansas City, Kansas. Octavo, 348 pages, illustrated with 155 engravings and a colored plate. Cloth, $4.50 net. Washington Square, Philadelphia: Lea & Febiger, 1939.

The science of hematology has made such rapid advances that new books of authoritative information are necessary to keep pace with the ever expanding knowledge. Naturally a department in which much research is made requires simplification and clarification. Haden's work will be welcomed, not only by the professional hematologist, but by the clinician who must keep abreast with the interpretation of blood findings. The work is well illustrated and the text is presented with great clarity.

ELECTROTHERAPY AND LIGHT THERAPY. By Richard Kovacs, M.D., Clinical Professor and Director of Physical Therapy, New York Polyclinic Medical School and Hospital, New York. Third Edition. Cloth. Price, $7.50. Pp. 744, with 308 illustrations. Philadelphia: Lea and Febiger, 1938.

This book has undergone thorough and extensive revision, and stands as a monument to the author, as well as to American physical medicine. Several new chapters have been added. One deals with the relationship of electrophysiology to electrotherapy, and provides the reader with a lucid understanding of the clinical application of the chronaxie (excitation time). Two chapters on the physics, effects and clinical application of the short wave current tend to bring this subject up to date. The new chapter on hyperpyrexia is almost a complete monograph in itself, although the author would lead one to believe that electropyrexia is superior to heated and humidified cabinets in the production of artificial fever. The physics, physiological effects and clinical applications of heliotherapy and artificial light therapy have been refurbished. This book should be considered as an outstanding contribution to the physical field of medicine.

A MANUAL OF FRACTURES AND DISLOCATIONS. By Barbara Bartlett Stimson, M.D., Sc.D., F.A.C.S., Associate in Surgery in the College of Physicians and Surgeons, Columbia University, New York City, Assistant Attending Surgeon to the Presbyterian Hospital, New York City. Illustrated with 95 engravings. Philadelphia: Lea & Febiger, 1939. Price $2.75.

This small manual (for it contains only 214 pages) is, as the author intimates in her preface, intended primarily for medical students, but it goes forth with the hope that the general practitioners will also find it of value. Every part of the skeleton is dealt with by means of diagrammatic illustrations (there are no radiographs). While this book will serve as an introduction to the subject, it is almost needless to say that it will not replace the standard works on fractures and dislocations.

Postgraduate Course in Pediatrics

A postgraduate course in pediatrics will be given at the Henry Ford Hospital, Detroit, on April 3, 4, and 5, 1939, beginning at 8:45 A. M. This comprises three full days of lectures, discussions and clinics. It is sponsored by the Henry Ford Hospital, the Children's Hospital of Michigan and the Herman Kiefer Hospital, Detroit. The announcement reads: The course in pediatrics and contagious diseases is a contribution of the American Academy of Pediatrics. It consists of lectures and clinics on those conditions in infancy and childhood which contribute prominently to mortality and disability, particularly those whose management has been facilitated by recent contributions.

In addition to this, a graduate conference for physicians will be held each Wednesday morning in April. These conferences are sponsored by the Wayne County Medical Society, Detroit Department of Health, Wayne University College of Medicine, American Academy of Pediatrics (Michigan Branch), Michigan Society for Mental Hygiene, Inc., and Michigan Department of Health. The Wednesday morning programs will be at the Herman Kiefer Hospital, Detroit.

All physicians are invited. There is no registration fee.

Among Our Contributors

Dr. F. T. Andrews of Kalamazoo is a graduate of the University of Michigan, class of 1918. He is councillor for the fourth district, Michigan.

Dr. R. S. Harter graduated at Rush Medical College, Chicago, in 1903, specialized in Abdominal Surgery, and has practiced in Michigan since that time.

Dr. Lawrence M. Hilt is a graduate of St. Louis University, 1926, and a Diplomate of the American Board of Radiology. He is, at present, Director of the Department of Radiology, Butterworth Hospital, Grand Rapids, Michigan.

Dr. Robert B. Kennedy—Graduated University Toronto, 1918. Fellow American College of Surgeons, Member the American Board of Obstetrics and Gynecology. Attending in Gynecology and Obstetrics at Woman's and St. Joseph's Mercy Hospitals, Detroit. Member of Medical Executive Board of Cottage Hospital, Grosse Pointe, Mich. Assistant Professor of Obstetrics Wayne University College of Medicine. Member of Detroit Ob. & Gyn. Society.

Dr. B. H. Larsson was graduated from the Wayne University College of Medicine with the degree of M.D. in 1914. He received a degree of M.Sc. from the same university in 1938, in recognition of an academic thesis on The Source of Gallstones. He served with Harper Hospital Unit in France and Italy during the World War. He is a general surgeon in private practice and a member of the surgical staff of Harper Hospital in Detroit.

Dr. Constantine Odén was graduated from the University of Wisconsin with the degree of B.S. in 1918, M.S. from New York University, 1920, and M.D. from the Bellevue Medical College in 1920. He attended European Clinics during 1925-1926. Dr. Oden is attending surgeon at Hackley and Mercy Hospitals, and is President of the Muskegon County Medical Society.

Dr. Ward F. Seeley is a graduate of the University of Michigan, class of 1911. After graduation he was for four years a member of the teaching staff of the Department of Obstetrics and Gynecology in this institution. At present, he is Professor and Chairman of the Division of Obstetrics and Gynecology, Wayne University, College of Medicine, and is a member of the staffs of Harper, Receiving, and Herman Kiefer Hospitals.

Dr. Carl F. Shelton—Graduated from Medical College of Virginia 1930. Attending in Gynecology Woman's Hospital, Detroit. Junior Attending in Gynecology and Obstetrics, St. Joseph's Mercy Hospital, Detroit. Fellow of the American College of Surgeons.

CORRESPONDENCE

January 26, 1939.

Michigan State Medical Society:

At the regular meeting of the Bay County Medical Society held Wednesday, January 25, the following action was taken:

"Whereas, a tremendous amount of work is being done by The Council and committees relative to insurance plans, and

"Whereas, the membership of the Society should demonstrate faith in the judgment and sincerity of these groups,

"Be it Resolved That this Society go on record as endorsing the action of The Council and the Committee on the Distribution of Medical Care, in connection with the development of Hospital and Medical Service Plans, and that this Society accord The Council and the Committee a vote of confidence in their work and efforts."

A. L. Ziliak, M.D., *Secretary,*
Bay County Medical Society.

January 14, 1939.

Council of the
Michigan State Medical Society
2020 Olds Tower
Lansing, Michigan

Gentlemen:

At a special meeting of the Shiawassee County Medical Society held January 12 the action of the House of Delegates at their special meeting was discussed.

Dr. A. L. Arnold, Jr., our delegate, explained the three proposals presented before the State Society, and the action taken upon them. A resolution was passed approving this policy, and it was requested that you be notified.

Very truly yours,
Richard J. Brown, M.D., *Secretary,*
Shiawassee County Medical Society.

February 21, 1939.

Michigan State Medical Society,
2020 Olds Tower,
Lansing, Michigan

Attention: Mr. Wm. Burns, Executive Secretary.

Dear Mr. Burns:

It is the opinion of the Economics Committee of the Oakland County Medical Society, which of course represents the thought of the physicians of Oakland County, that every effort should be made to hasten the adoption of proper legislation that will enable the Michigan State Medical Society to set up non-profit corporations for medical care. We also favor the adoption of like legislation so that hospitals throughout the state may also extend their services on an insurance basis to the public at large.

This information may be used by you and the Society in any way that it pleases.

Yours very truly,
Frederick A. Baker, M.D., Pontiac.